MARKET
HARBOROUGH
& The Bowdens
CHARITY

Charity Office: 10 Fairfield Road ◈ Market Harborough ◈ Leicestershire ◈ LE16 9QQ ◈ Tel: 01858 419128

AUTHORITY FOR RELEASE OF MEDICAL INFORMATION

I, ____

Of ____

____

Date of Birth ____/____/_____

Hereby authorise and consent to any doctor, health professional, hospital or other health institution or rehabilitation provider who has examined/treated me to discuss with and provide to The Market Harborough & The Bowdens Charity, in confidence any reports, clinical notes or other relevant information to any of my conditions.

Signed______________________________________

Dated_________________________________

www.mhbcharity.co.uk
admin@mhbcharity.co.uk
Registered Charity No. 1157787