Ballina Medical Centre,
Kevin Barry Street,
Ballina, Co. Mayo.
F26 P6P1

TEL: 096 80600
Email: info@ballinamedicalcentre.ie
Web: www.ballinamedicalcentre.com

Dr Sean Moffatt
Dr Micheal Moffatt
Dr Audrey Rouse
Dr maura Irwin

Ballina Medical Centre – Excellence in Community Medicine

Request for Medical Records Form

You are welcome to Ballina Medical Centre
Please supply the following information so that we may prepare an individual chart for you and if applicable your dependents. Please note, each individual adult must present their own signed consent form.
All information is treated in the strictest of confidence.

Please complete using block capital letters

To: _____ **Date**: / /

_____

_____

Patients Name: _____ **Date of Birth**: / /

_____ **Date of Birth**: / /

_____ **Date of Birth**: / /

_____ **Date of Birth**: / /

Address: _____

_____

_____

The above named patient(s) has requested their medical care to be transferred to this practice. I would be grateful if you could forward any medical records or copies of same to the above address.

Below is the patient(s) consent.

Yours Sincerely,

_____
Administration
Ballina Medical Centre

I consent to my/my childrens medical records being forwarded to the above address.

Signed: _____ Date: _____/_____/_____