

Dr Aisling McMahon, MRCP (2004)  
MCN: 22580, GMS No: 70014

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Dr Isabelle Fallon, MICGP  
MCN: 244873, GMS No: 52559

Derrinboy Road  
Kilcormac, Co. Offaly, R42 DA25

Date: \_\_\_\_\_

Re: Patient Full Name: \_\_\_\_\_  
Patient DOB: \_\_\_\_\_  
Patient Address: \_\_\_\_\_

Dear Dr \_\_\_\_\_,

I would be grateful if you could forward me copies of medical records, history and investigations at your convenience for the above patient, who has recently joined our practice. Signed patient consent in accordance with Data Protection Regulations has been provided below.

Thank you,

Yours Sincerely,

\_\_\_\_\_

Dr Aisling Mc Mahon, MCRN: 22580

Dr Isabelle Fallon, MCRN: 244873

### Patient Consent

Date: \_\_\_\_\_

I, \_\_\_\_\_, consent to release my records to Dr Aisling Mc Mahon/Dr Isabelle Fallon

Signed: \_\_\_\_\_

Date: \_\_\_\_\_