

Bailis GP

Unit 3, Johnstown Leisure Centre, Navan, Co. Meath
Tel: 046 904 6606 Email: bailisgpjohnstown@gmail.com

Request for Release of Medical Records

This form authorises the transfer of your medical records from your previous GP to Bailis GP.

Patient Details

Full Name: _____
Date of Birth: _____ Address: _____
Eircode: _____ Phone: _____
Email (if applicable): _____

Previous GP Details

Previous GP / Practice Name: _____
Practice Address: _____
Practice Phone: _____

Authorisation to Release Records

I hereby authorise my previous GP / medical practice to release copies of my full medical records (including consultation notes, test results, referral letters, and vaccination history) to:

Dr Claire O'Driscoll

Bailis GP, Unit 3, Johnstown Leisure Centre, Navan, Co. Meath
Email: bailisgpjohnstown@gmail.com Tel: 046 904 6606

This transfer is requested to facilitate the continuation of my medical care. I understand that this request is made in accordance with GDPR and that my information will be handled securely and confidentially.

Patient Consent

Signature: _____ Date: _____

For Practice Use Only

Date Request Sent: _____ Method: Email Post Fax Other _____
Received By: _____ Date Received: _____