

Popular Medical Centre,
T/A Henry Street Medical Centre
44 Henry Street,
Dublin 1.

To whom it may concern,

I _____ hereby request and consent to the transfer of all medical records held by you at the practice of the Henry Street Medical Centre to the party/parties listed below:

Name of Recipient/Practice: _____

For the attention of: _____

Yours faithfully,

(Patient signature)

(Date)