

ELM SURGERY

Level 2 Primary Care Centre, Drumalee, Cavan Co Cavan H12 V443

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Dr Ese Nzewi
MBBS DCH MRCPI (Paeds) MRCGP(UK) MICGP
MCRN: 22818

Dr Myra Varga
M.D. BCh BAO BPaed Family Physician
MCRN: 320559

Date:

To: GP Name
Address:
.....
Tel:

Re: Date of Birth:
Family members: Date of Birth:
..... Date of Birth:
..... Date of Birth:

Dear Dr

The above patient(s) has/have decided to register with my practice. I would be grateful if you could send me a copy of their medical records. Signed patient consent in accordance with Data Protection Regulations has been provided below.

THIS IS A PAPERLESS SURGERY – PLEASE FORWARD THE PATIENT NOTES VIA SECURE EMAIL – HEALTHMAIL AS DETAILED ABOVE OR BY POST.

Yours sincerely,

Dr Ese Nzewi (M.C.R.N 22818)

PATIENT CONSENT

I hereby give consent for the release of my medical records and those of my children detailed above to Dr Ese Nzewi – Elm Surgery, Drumalee, Cavan

Signature: PRINT NAME:

Signature: PRINT NAME: