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The Surgery, Athenry Primary Care Centre

Raheen, Athenry, Co.Galway H65 KH93

Request for Medical Records Form

You are welcome to 'The Surgery', Primary Care Clinic, Athenry.

Please supply the following information so that we may prepare an individual chart for you.

All information is treated with the strictest of confidentiality.

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 patients consent.

Yours Sincerely,

'The Surgery', Athenry

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

Signed: _____

Date: _____