



Oakhill Road, Dronfield,  
Derbyshire, S18 2EJ  
Tel: 01246 296900  
[www.oakhillmedicalpractice.co.uk](http://www.oakhillmedicalpractice.co.uk)  
email: ddicb.admin.omp@nhs.net

**GP Partners :** Dr Brooks

Dr Guirey

**Salaried GPs :** Dr R Price

Dr F Birkinshaw

**Patient Details:**

Full Name:	Date of Birth:	NHS No:
Address:		

I fully consent to Oakhill Medical Practice releasing information to, and discussing my care and medical records with the person named below;

This authority is [please tick]:

- ☐ For an indefinite period
- ☐ For a limited period of time only

If you have opted the limited period time please specify the dates this applies to and from:

..... Until .....

Signed (Patient)	Date:
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**Third party details:**

Full Name:	Date of Birth:
Relationship to patient:	
Address:	
Telephone Home:	Telephone Mobile: