

Trinity Medical Centre, Consent Form (Over 16)
Booking Appointments and Requesting Repeat Prescriptions

Patient Name _____

Patient DOB _____

Patient agreement for parent/guardian to register for on –line patient access.

I give consent for my parent/guardian (please name here).....
to book appointments and request repeat prescriptions on my behalf

Signed:..... Date

Name (PRINT)

Office use only

For use with proxy application form