

# Price's Mill Surgery

## Patient consent to discuss complaint with third party

### About the patient whose care the complaint concerns:

Patient Full Name:

Date of Birth:

Address:

### About the third party:

Name:

Address:

Telephone Number:

I fully consent to Price's Mill Surgery releasing information to, and discussing my care and medical records with the person named above, in relation to this complaint only and I wish this person to complain on my behalf.

Signed: ..... (Patient only)

Date: .....

### Please Send Form to:

Practice Manager, Price's Mill Surgery, Newmarket Road, Nailsworth, Stroud,  
GL6 0DQ