

IN CONFIDENCE

**Farfetch LS Hospital** **XYZ****APPLICATION FOR ACCESS TO HEALTH RECORDS**

Please complete **Sections 1, 2, 3 and 4.**

**Sections 5 and 6** are to be completed if applicable.

All Sections are to be completed in **CAPITAL LETTERS.**

Please provide as much information as possible which may be of assistance to the Trust in processing your request.

Incomplete forms will be returned which may in turn delay the processing of your request. Please refer to the separate information sheet '**Information for Applicants**' in completing this form.

Section 1 – Personal details	
1. Full Name of Patient (Mr/Mrs/Miss/Ms) Mr.	5. Any Former Address
Surname DUDLEY	
Forename BUCKNEY	
Any Other Forename	6. Hospital Number (if known)
2. Date of Birth (ddmmyy) 5/17/1993	7. Surname and Forename of Applicant (if different from above)
3. Contact Telephone Number 252-915-6030	8. Address to which reply should be sent (if different from that of patient)
4. Current Address (inc postcode) 160 BAKER DRIVE CUMBERLAND, ON K4C 2V1	

Author : Joe Lee      Medical Record Manager	Date: 9/25/2023
Approved by Medical Records User Group	
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