

## Market Street Medical Practice

### Request for Medical Records

If you should like a copy of your medical records, please supply the following information to the Practice Manager:

**Name**.....

**Address**.....

.....

.....

**Date of Birth**.....

**NHS number, if known**.....

**Signature**.....

**Date**.....

#### FEE

There will not normally be a charge for this service, unless the request is excessive or if you request further copies of data following a previous request.

We will provide your records within one calendar month.

If you have any queries, or would like to make an appointment to view your records, please contact the Practice Manager on 01229 462591.

Title	Version	Author	Valid from	Reviewed	Next review	Out of use
Access to Medical Records Request Form	1	SJ	May 18		May 18	