

**RHMG CONSENT FORM**

**Name:**

**Address**

**Date of Birth:**

**I ……………………………………………………………………………. give my permission for**

**……………………………………………………………………………… to be able to request/act on my behalf and any information, be it through verbal or written can be communicated to them.**

**I understand that this is not a legally binding document but enables the practice to act accordingly on any requests that are made on my behalf.**

**Patient Signature: …………………………………………………………………………………………**

**Consenter Signature: …………………………………………………………………………………….**

**Date: ……………………………………………………………………………………………………………..**