



Name:

Address:

To whom it may concern,

I am a patient at your practice and I formally request my **FULL medical records** to be printed out and provided to me today. I understand as per GDPR, this is a free service.

This request is **URGENT** as it directly affects an employment opportunity. Please take note of the following details when providing the full summary, I am requesting.

Signature_____

D.O.B_____

Date_____

Thank you for your assistance.