



Kinvara Clinic
Kinvara West
Kinvara
Co. Galway
Phone: 091-841509

Medical Records Request Form

Date: _____

To: _____

RE: _____

DOB: _____

The above named has decided to register with this practice. I would be grateful if you could send me a copy of their Medical Records.

Our Healthmail address is matthew.oflaherty@healthmail.ie.

Signed patient consent in accordance with Data Protection Regulations has been provided below.

Dr. Matt O'Flaherty
General Practitioner

PATIENT CONSENT

I consent to the release of my Medical Records to Dr. Matt O'Flaherty, Kinvara Clinic, Kinvara, Co. Galway.

Signed: _____

Date: _____