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E: [info@athenrysurgery.com](mailto:info@athenrysurgery.com) (patient use)  
H: [seapointmedicalcentre.gp@healthmail.ie](mailto:seapointmedicalcentre.gp@healthmail.ie)

## Change of Doctor Request Form

Dear Dr. \_\_\_\_\_,  
GP Address: \_\_\_\_\_  
\_\_\_\_\_

Re. Patients: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above have recently joined our practice. I would be grateful if you could forward all relevant medical records/information at your convenience.

Kind Regards,

\_\_\_\_\_  
Practice Administrator

I \_\_\_\_\_, hereby authorize the release of my medical records to Seapoint Medical Centre, Barna.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_