

Consent Form for Electronic Transfer of Medical Information and Reports

| Applicant Details | |
|----------------------|--|
| CAA Number | |
| Surname | |
| Name | |
| Date of Birth | |

| Health professional to be given access to information concerning the applicant | |
|--|--|
| Name | Dr Jonathan Timperley, Consultant Cardiologist |
| Address | Kingswood Consulting Room 75 The Avenue Cliftonville Northampton NN1 5BT |

| Please tick all appropriate information that you have consented to be sent electronically and/or in hard copy by your AME to the healthcare professional identified above. | |
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| ECG tracings | |
| Medical reports and test results | |
| Please list any other limitations of access | |

| I confirm that I give permission for my AME to provide information or reports contained within my medical records electronically and/or in hard copy to the health professional identified above. | |
|---|--|
| Name | |
| Signature | |
| Date | |