

BLACKFRIARS MEDICAL PRACTICE
ST ANDREWS COMMUNITY HOSPITAL
LARGO ROAD, ST ANDREWS

STUDENT MEDICAL CONSENT FORM – St Andrews
University

This form must be completed and returned to the Practice BEFORE a Medical letter can be dictated by a GP. The charge of £35 must also be paid BEFORE the letter is done.

I D.O.B: consent to details from my medical records for the period and/or consultation of.....tobeing disclosed in way of a written letter to student services, St Andrews University.

Signature: Date:

Print name:

Additional details to GP (please advise what information is needed):

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