

Dr. Graham Streeter
Dr. Neil Potter
Dr. Julie Morgan
Dr. Richard Estall



Church Green
Marden
Tonbridge
Kent TN12 9HP
Tel: 01622 831257

Subject Access Request

Full Name:

Address:

Postcode:

Date of Birth:

NHS Number:

Under the terms of the new GDPR regulations I wish to request a copy of my medical record.

2. Details of Records to be Accessed	
In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from: i.e. PALs, complaints, continuing healthcare or Human resources etc (Continue on a separate sheet if required).	
Records dated from	Department or services accessed
/ / to / /	
/ / to / /	
/ / to / /	

**I give permission for _____
To collect or view my medical records. Proof of ID required.**

Please inform me when my medical records are available to collect from Marden Medical Centre. Proof of ID required on collection.

**Please arrange an appointment to view my records at Marden
Medical Centre.**

**I understand that my records will be made available within 1 calendar
month of this request**

Signed:

Date: