

Dr Brenda Maguire

M.B., B.Ch., L.R.C.P.S.I., B.Pharm., M.R.C.G.P., M.I.C.G.P



**Date:**

**To:**

**Re:**

Dear Doctor,

The above patient has recently transferred to our practice. I would be grateful if you would forward a copy of their records. Please forward by health mail [grangeclinic.GP@healthmail.ie](mailto:grangeclinic.GP@healthmail.ie) if possible.

With thanks,

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Grange Clinic Surgery  
On behalf of The Clifford/Maguire/Casey Practice

**Consent:**

I authorise Grange Clinic to request my medical records from my previous Doctor.

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