Mr Shaun Ridgeway *FRCS (Orth), MBChB, MRCS*
Consultant Orthopaedic, Trauma and Spinal Surgeon

Clementine Churchill Hospital	Bishops Wood Hospital	Princess Margaret Hospital	Spire Thames Valley Hospital	One Hatfield Hospital
Sudbury Hill	Rickmansworth Road	Osborne Road	Wexham Road	Hatfield Avenue
Harrow	Northwood	Windsor	Slough	Hatfield
Middlesex	Middlesex	Berkshire	Buckinghamshire	Hertfordshire
HA1 3RX	HA6 2JW	SL4 3SJ	SL36NH	AL10 9UA

PA/Private Secretary: **Carol Wollington 07546 364491/0208 8723959** ridgewaypractice@gmail.com
NHS Secretary: **Amanda Reynolds 0208 8723967** amanda.reynolds7@nhs.net
Fax: **0208 1505625**
Practice Mobile: **07546 364491**
Practice Website: **www.mrridgeway.co.uk**

Date

Patient Name
Address

To keep our practice compliant with new Data Protection Regulations (GDPR), please complete all or part of the categories below if you give The Ridgeway Practice permission to:

1. I hereby give permission for the practice to send any clinic and/or referral letters, scan reports, and test results to my GP Dr……
   Practice: …….
   and any other medical consultant/practitioner or physiotherapist involved in my medial care

2. I hereby give permission to contact my Medical Insurance Company ……to provide them with any information they may require in the management of my policy in relation to my health issues and to fulfil any requests from them to supply information or reports to facilitate authorisation of any proposed treatment.

3. I hereby give my permission for the following person to be contacted on my behalf in relation to any appointments or to discuss medical issues.

Name: (Please Print)……
Contact details: Phone:…… Email: …….
(If permission is not granted then we will only be able to speak to you directly at all times in relation to your care).

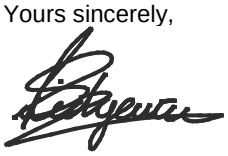
Name:……..

Signature……..

Date……..

Please complete this form and return to us by mail or email as soon as possible so that we can update our records.

Yours sincerely,



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