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PATIENT UPDATE FORM

Dear Patient

Date:

To ensure that we have your correct and up-to-date contact details should we need to contact you, we would be most grateful if you would complete the following form.

Your cooperation is very much appreciated.

NAME:	
DATE OF BIRTH:	
EMAIL ADDRESS:	
Please DO / DO NOT use this email address to communicate medical results	
ADDRESS:	
MOBILE:	TELEPHONE:
Do you wish us to provide details of your medical reports to your NHS GP? (or any other Doctor?) NHS GP details (or other if applicable):	YES / NO
Would you like to receive our Newsletter by email?	YES / NO

The Practice understands that the information given above is provided in the STRICTEST CONFIDENCE and assure you that it is protected under the Data Protection Act and within the security of your personal file. In keeping with GDPR legislation, we are committed to respecting both your trust and privacy. We will store your details securely and treat them responsibly. We will also never pass your data to third parties without your knowledge.

Your details may be used from time to time for general communication between The Practice and patient.

Should you prefer not to be contacted in this way, please tick here