

**Mundesley Medical Centre Scanning Administration Note:**

Follow "Patient Consent Protocol" when "Completing" this document



MUNDESLEY MEDICAL CENTRE  
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**Doctor 3<sup>rd</sup> Party Consent Form for Adult Lacking Capacity  
with No Person of Legal Authority to represent them**

**Patient Details**

**Forename**.....

**Surname**.....

**Date of Birth**.....

**Address**.....

.....

**Impairment causing lack of capacity is**.....

I have assessed this patient's capacity and conclude that it is in their best interest for the Doctors and Staff at Mundesley Medical Centre to disclose and/or discuss any test results or information regarding above patients medical health and/or records with:

**Forename**.....

**Surname**.....

**Date of Birth**.....

**Address**.....

.....

**Relationship**.....

**Telephone number** .....

This patient does not have anyone with **legal authority** to represent them  (tick box)  
(If a person has Lasting Power of Attorney that covers Health and Welfare or the patient is living in a care home you must consult with them 1<sup>st</sup> in relation to disclosing information to another 3<sup>rd</sup> party).

**Signed**..... **Name of Doctor**.....

**Date**.....