

Your address
Postcode

Email address

Date

Name of GP practice / Hospital
Address
Postcode

Dear Sir/Madam,

I would like to apply to see/have copies of my medical records under the Data Protection Act 1998.

My details are:

Full name and any previous name(s) used
Date of birth
Hospital number
NHS number
GP's name and surgery address

I would like to see/have copies of all my records/my records from (insert date) to (insert date). I am particularly interested in any records you have about my treatment for (insert medical conditions, such as broken leg, pneumonia) in (insert month/Year).

Please could you send me your application form.

I look forward to hearing from you.

Yours faithfully

Sign your name

Print your name

You should also provide:

proof of ID, either a copy of a passport, driving licence or birth certificate; and
proof of address, either a copy of a bank statement, utility bill, or TV licence.