



MEDICAL AUTHORITY

Patients Name .. NORMA WINDSOR

Date of Birth ... 7.5.31

I hereby authorise the release of any medical document or record, howsoever held, by any health professional who has had any dealings with... NORMA WINDSOR
.....

I also give my permission for any health professional who has had any dealing with... NORMA WINDSOR
to make a statement to any police officer.

Signed **Code A** (next of kin.)

Date .. 14.10.04

For Office use only	
Case R v
URN 44/...../0.. To be returned to.....