



MEDICAL AUTHORITY

Patients Name CLIFFORD HOUGHTON.....

Date of Birth **Code A**

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

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

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

Date 18-10-04.....

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