



MEDICAL AUTHORITY

Patients Name ENID PHYLLIS DORMER SPURGIN

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..... ENID PHYLLIS DORMER SPURGIN.....

I also give my permission for any health professional who has had any dealing with.... ENID PHYLLIS DORMER SPURGIN to make a statement to any police officer.

Signed Code A next of kin.) CARL DORMER JEWELL

Date 18.10.2004

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