



**MEDICAL AUTHORITY**

**Patients Name**

**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.....**  
.....

**Code A**

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

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

**Date** ... 4-11-04 .....

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