



MEDICAL AUTHORITY

Patients Name *Mrs Helena Frances Sevier*

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 *Mrs Sevier*

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

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

Date *17-10-04*

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