



**MEDICAL AUTHORITY**

Patients Name ..RUBY...LAKE.....

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.....RUBY...LAKE.....  
.....

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

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

Date .....11.10.04.....

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