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I give / ~~do not give~~* my consent for the Nursing and Midwifery Council (NMC) to approach the following medical practitioners, listed below, to obtain a medical report regarding my health.

* (delete as applicable)

I understand that this report will be provided to me and my appointed representatives.

I understand that any report received will be made available to the NMC's practice committees.



Signed **Code A**

Code A

Date 10.02.2010.

Name: DR. J. MORGAN
Address BRUNK MEDICAL CENTRE
10, ROWNER ROAD
GOSPORT, HANTS
Telephone 023 92 794 169
Email

Name:
Address

Telephone
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