

# Fareham and Gosport

Primary Care Trust

Community Health Services  
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From: Denise Shenton  
Medical Records and  
Outpatients Supervisor  
Date:

To: *DA RSN*

Re: ..... **Code A** .....

In response to the attached application from ... **Code A** *(SN)*

under the access to Health Records Act please could I have your written  
permission to forward copies of the above patients notes to ... *H.A.* .....

..... *SN* ..... **Code A** .....

Many thanks

**Code A**

Denise Shenton  
Medical Records Supervisor

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TO BE COMPLETED BY CONSULTANT

Approval given YES/NO

Signature

**Code A**

Date ..... *19.8.03* .....

Comment if applicable: