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admitting privileges at :-

The London Clinic
King Edward VII Hospital
The Princess Grace Hospital

3RD PARTY DISCLOSURE DOCUMENT

DATE

PATIENT NAME

Patient Signature:.....

I nominate the person/persons (3rd party) named below to act as my advocate. Their principle function will be to arrange appointments, locations, dates, times and relevant preparatory information for investigations and treatment such as x-ray and CT/MRI scanning and attending in the hospital. Where possible the nature and intention of the investigations/treatment will be kept from the 3rd party, though this may prove very difficult. We will only use the contact details that you have provided on this document. If there are changes then you will be required to complete a new form.

1) Relationship to patient (e.g. family, friend, PA, interpreter):

Name:

Contact email:

Contact telephone number:

To deal with administration (inc. booking appointments/procedures) Yes No
To receive confidential personal and medical information Yes No

2) Relationship to patient (e.g. family, friend, PA, interpreter):

Name:

Contact email:

Contact telephone number:

To deal with administration (inc. booking appointments/procedures) Yes No
To receive confidential personal and medical information Yes No