



2 Portland Street Newark  
Nottinghamshire NG24 4XG  
Tel no: 01636 702363  
Website address: [www.lombardmedicalcentre.co.uk](http://www.lombardmedicalcentre.co.uk)

## REQUEST FORM FOR COPIES OF MEDICAL RECORDS

**First Name:**

**Surname:**

**Date of Birth:**

**Address:**

**Postcode:**

**Telephone Number:**

I request copies of all/part\* of my medical records (\*delete applicable)

- If you have selected 'part' please specify

.....  
.....  
.....  
.....

**Please note that under the General Data Protection Regulation the surgery has 30 days to process this request.**

**Signed:**

**Date:**

**ID seen and verified by:**

**Date:**