

Declaration of consent for forwarding diagnostic results

I hereby consent to my results being forwarded to

the doctor/practice/health centre named below

my personal email address

Patient details

Surname, first name

Date of birth

Modality (device)

Examination area

Date of diagnostic results

Originator of results (if known)

Please give in full the following recipient data, otherwise the results cannot be forwarded:

Recipient data

Surname, first name of doctor

Name of practice or health centre

Street, house number

Postcode, city

Fax number

Optional: email address

or

Personal email address

Place, date

Patient signature*

* An accompanying adult who is an authorised signatory e.g. a custodian**, guardian or authorised representative may sign on behalf of the patient.

** As the sole signatory, a custodian (e.g. parent) confirms that they are entitled to sole custody of the patient or that they are acting in agreement with the other custodian.