



St Stephens Gate
MEDICAL PRACTICE

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Dear Patient

We are currently updating our Patient Registration Pack and have decided to ask for details of a next of kin. This information is voluntary and used in an emergency situation ONLY. This will not act as permission to disclose any details regarding your health or medical history. It will remain your responsibility to update the Practice of any changes.

Your Name:..... Date of Birth:.....

Name of Next of Kin: Relationship.....

Address:

Telephone Number: (Home)..... (Work).....

Many thanks
Surgery Manager

Read Code: #9182