# REQUEST ACCESS MY MEDICAL RECORDS

**Patient Details**

Patient Full Name _____

Patient DOB _____

Patient Address _____

Patient Town/city _____

Patient Postcode _____

Patient Email _____

**GP Details**

GP Surgery Name _____

GP Address _____

GP Town/city _____

GP Postcode _____

**Subject: Request for Brief or Full Medical Records**

I am requesting a **copy of my full medical records** in order to attend a **Driver Medical appointment**.

As part of my licensing requirement, I am required to bring my medical records with me to the appointment. Please provide the records in **any of the following formats** that are easiest for your team:

- Printed copy for collection or post
- Emailed
- Access via the **NHS App** or **Patient Online Services**

Please let me know if you need any ID or additional information.

Kind regards,

Signature:

Name:

Date: