

# The Vallance Centre Drs Ngan Chan Chiu Koh, and Gan

I hereby give authorisation for details of my medical care and record to be shared with my carer.

Carer's name .....

Carer's address (inc postcode) .....

.....

Carer's date of birth.....

Carer's phone number.....

Their relationship to patient.....

Signed ..... Name (please print).....

Date of authorisation .....

## **TO AUTHORISE A 2<sup>ND</sup> CARER PLEASE FILL OUT THE SECTION BELOW**

Carer's name .....

Carer's address (inc postcode) .....

.....

Carer's date of birth.....

Carer's phone number.....

Their relationship to patient.....

Signed ..... Name (please print).....

Date of authorisation .....