**Dr I H Glencross**

**140 Fitzwilliam Street, Huddersfield HD1 5PU**

**Patient Access to Online Medical Record –**

**Request to Make an Amendment Form**

I would like the following entry in my medical records to be reviewed by the GP. I understand that should the GP feel that this entry is correct that no changes will be made.

PLEASE COMPLETE ALL RELEVANT INFORMATION BELOW

|  |  |
| --- | --- |
| Name of Patient |  |
| Telephone Number |  |
| Email address |  |
| Date of Birth |  |
| Details of the entry to be reviewed (please include as much information as possible including the date of the entry): |
| Signed by the Patient ………………………………… | Dated / / |