General Medical Council

GMC Disclosure Consent Form

GMC Case Reference Number: CF/FPD/2004/3139

Name of Complainant: MR & MRS FERGUSON

[redacted]

1) Name of doctor(s) who you are complaining about:

CAMPBELL, QUINN, HANRAHAN, JENKINS NESBITT AND KELLY

2) Complainant's Name(s): MARIE FERGUSON

3) Status: (e.g. patient, patient's relative, patient's next of kin, patient's solicitor etc)

PATIENT NEXT OF KIN

I agree that the GMC can disclose my complaint and any information I provide in connection with it to the doctor(s) above and their employers. I also agree that the doctor(s) can disclose to the GMC any information about me that is necessary for the GMC to consider my complaint.

4) Signature(s): MARIE FERGUSON

Date: 30/11/04

5) Tel. No. & Email: [redacted]

6) Patient's Name: RAYCHEL ZARA FERGUSON.

Protecting patients, guiding doctors

General Medical Council

RECEIVED
- 6 DEC 2004

GMC Medical Records Consent Form

GMC Case Reference Number: CF/FPD/2004/3139

[redacted]

Name of Hospital(s)/Surgery where records are held:
AITNAGALUIN HOSPITAL DERRY

Period for which medical records are required (Please complete)

From: 7 JUNE 2001 **To:** 10 JUNE 2001

If the patient is deceased please complete the section below.

I, MARIE FERGUSON **(Name of Next of Kin or legal representative of patient)** authorise the GMC to obtain copies of the medical records of RAYCHEL ZARA FERGUSON 4/2/92. **(Name and date of birth of patient)** from the above places for the period which the GMC deems relevant in relation to my complaint. I confirm that I have the legal authority to make this request.

Next of Kin/Legal Representative's Signature(s): MARIE FERGUSON

Date: 30/11/04

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