

Practice Name:

**ST ANDREWS COMMUNITY HOSPITAL**  
**Largo Road, St Andrews**

**University of St Andrews**  
**STUDENT MEDICAL CONSENT FORM**

This form must be completed and returned to the Practice **BEFORE** a Medical letter can be dictated by a GP. The charge of £35 must also be paid **BEFORE** the letter is done.

I ..... consent to details from my medical records for the period and/or  
consultation of.....to .....being disclosed in way of a written  
letter to Pro Dean of Medicine, University of St Andrews.

Signature: ..... Date: .....

Print name: ..... Date of birth: .....

Additional details to GP (please advise what information is needed): .....  
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**For use by University of St Andrews – School of Medicine**

Approved by: ..... Date: .....

Print name: ..... Designation: .....

- The invoice should be made out to 'University of St Andrews'.
- Reports and invoice should be sent to:
  - F.A.O. Pro Dean of Medicine, School of Medicine, Medical and Biological Sciences Building, North Haugh, KY16 9TF
- *Invoices to be paid from AMD0 MEDSTU*