

EMP261 Medical information
hospital.

our expert, doctor,

Letter to your staff member

Dear Carl,

In view of your continued a
health over the last [how lo
medical opinion as to the s

e through sickness / bad
then we should like a
prospects for the future.

Let me say at once, Carl, th
policy to seek information i
need to know how long we

re. It has always been my
you are vital to us, so we

Attached are a number of l
that we can obtain informat
practitioner. As a start, wo
where you have received tr
each medical expert or esta
know. In passing, I must te
so I may have to come bac

several copies to sign, so
the hospital or medical
d address of each place
one copy of the form for
es of the form, just let me
wish to use its own form,
case.

I also enclose a letter addre
for a report. Mr / Miss Sup
your permission. You can
Superexpert about your he
your contract of employem
no medical adviser has to v
Mr / Miss Superexpert need
you for an updated consen

expert, whom I have asked
e their report to us without
ow us to talk to Mr / Miss
give that permission in
ocable for a year so that
er a short while. So now if
ey do not have to trouble

I do understand that we are
was not wholly necessary t
report. Of course, your rec
expert(s) who will discuss v
present state of your health

ion. We would not ask if it
e an accurate and full
confidential medical
, which are relevant to the

Yours sincerely,

Letter of consent to hosp

**It is important that letter s
of doctor**

and full postal address

Dear Sirs,

Myself, [Carl Castleton Jones](#)
My address: [\[address\]](#)
My date of birth: [\[d o b\]](#)
My hospital reference:

ment:

I work for [\[your name\]](#) of [\[y](#)
to send copies of all of my
to [Mr / Miss Superexpert](#), c

my request and authority
plates as soon as possible

Please provide the copies a
employer will pay your reas

nd my above named

Please also take this as my
might seek, either verbally

ther information [he / she](#)

This authority is irrevocable

which time it lapses.

Yours faithfully,

[\[signed\] Carl Castleton Jones](#)



Letter of consent to GP to

It is important that letter s
of doctor

and full postal address

Dear [Sirs / Doctor Dotoom](#)

Myself, [Carl Castleton Jones](#)
My address: [\[address\]](#)
My date of birth: [\[d o b\]](#)

I work for [\[your name\]](#) of [\[y](#)
to send copies of all of my
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Yours faithfully,

[\[signed\] Carl Castleton Jones](#)

This document has total 10 pages. Here preview is shown for first 3 pages only.