

# Jedburgh Medical Practice

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## Laboratory Results Mandate

I authorise Jedburgh Medical Practice to provide, on enquiry, the results of my Pathology and X-Ray investigations to the undernoted person(s). I understand that this mandate will not apply to pregnancy and HIV investigations and that it will remain in force until revoked by me. I undertake to advise the Practice where the results of any special investigations are to be given to me only.

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*Special notes if any:*

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Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Name (1) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name (2) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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