Victoria SURGERY

Victoria Street, Bury St Edmunds, Suffolk IP33 3BB
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www.victoriasurgery.co.uk

Name of Patient: _____

Date of Birth: _____

NEXT OF KIN DETAILS

TITLE	
FIRST NAME	
SURNAME	
RELATIONSHIP TO PATIENT	
ADDRESS	
CONTACT DETAILS	Home telephone …… Mobile telephone …… Work telephone ……

I want this person to be listed as my Next of Kin	YES or NO
I want this person to be listed as my Emergency Contact	YES or NO
This person is able to discuss my health records	YES or NO

Signature of Patient …… Date ……

Dr S Lovegrove Dr J Pallister Dr V Franklin
Dr I Chapman Dr I Sultana Dr J Osborn Practice Manager: Jo Shaw
Dr E Allen Dr S Khalid