

TRAVELLING WITH BLEPHAROSPASM

<https://beb.org.au>

This is an example of an AUTHORISATION form for your medical records to allow your temporary treating doctor to have access to your records. It should be prepared on your doctor's letterhead.

AUTHORITY TO OBTAIN MEDICAL RECORDS AND/OR REPORTS

I hereby authorise you to make available to (name of temporary treating doctor) all and any medical records, reports or information regarding my medical history.

NAME:

DATE OF BIRTH:

ADDRESS:.....

DATE OF AUTHORITY:

SIGNATURE: