

**A J Logan**  
MB BCH(hons) FRCS  
Consultant Orthopaedic and Hand  
Surgeon

## Cardiff Hand Surgery Limited

No. 6189704  
Pontprennau  
Cardiff CF23 8QG  
Tel/Fax: 029 20194123  
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### Form of Authority

Please print all information. Thank you

I, (full name) \_\_\_\_\_ of

Address \_\_\_\_\_

Post code \_\_\_\_\_ Date \_\_\_\_\_ of Birth \_\_\_\_\_

**HEREBY CONSENT** to the release of my Medical Records, Notes and X-rays to Mr A J Logan FRCS of the above address so that he may supply a Medical Report to my solicitors / insurance company (delete as necessary).

GP Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Tel No: \_\_\_\_\_

Hospital 1: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Hospital 2: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

I confirm that no action is being taken against the Doctors, their practice, the Health Authority or Trust or any of its employees.

Signed \_\_\_\_\_

Date \_\_\_\_\_