



**Langham Place Surgery**

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**Care. Data dissent form**

Please tick where appropriate:

I **do not** consent to my confidential data leaving the GP practice (XaZ89)

I **do not** consent to my confidential data leaving the Health & Social Care Information  
Centre (**HSCIC**) (XaaVL)

**Print Name**

**DOB**

**Address**

**Signature**..... **Date**.....

**For office use**

Reception Staff check name

CDI read coded

