



**Dr Pramod Kumar Agarwal**  
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**Patient details**

**Name**  
**Address**

**DOB:** ...../...../..... **Phone:**

## Request for Medical Records

17/08/2022

Dear Colleague,

The above patient has joined the practice and I would appreciate if you could forward this patient's health care record to us as soon as possible for continuity of care.  
If you use HealthOne as your practice management program then please send the records in .hcr format.

Yours Sincerely

Dr Pramod Kumar Agarwal  
IMCN 406677

## Consent

I ..... born on ...../...../....., hereby provide my explicit consent to furnish all of my medical records to Agarwal Wellness and Medical Centre.

.....

**Signature**

**Patient/ Parent/ Guardian**

.....

**Date**