

# The Yoxall Practice

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## Request for a Summary Care Record

Please complete all fields and return this form  
to your G P Practice

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Title : ..... Surname / Family Name : .....

Forename(s) : .....

Address : .....  
.....  
.....  
.....

Postcode : ..... Tel.No: ..... Date of birth: .....

NHS number: .....

Signature : ..... Date: .....

If you have any questions, or if you wish to discuss your choices or concerns, please  
telephone the NHS Care Records Service Information Line on 0845-603-8510

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Actioned by Practice : **Read Code 93C2** Date : Initials: