

**Application for Service Medical Report for patients invalidated from
HM Forces who have not previously consented to disclosure of their
Service Medical History**

PARTICULARS OF PATIENT

Surname: _____

Forenames: _____

Address: _____

Service from which invalidated: _____

Service Number: _____

Rank at date of Discharge: _____ Date of discharge: _____

National Health Service No: _____

I hereby apply for the Service Medical Report for the above-named person.
It will be used by me solely for the purpose of medical treatment.

Signature of Doctor: _____

Address: _____

Declaration by Patient

I hereby consent to the disclosure of my service Medical History to my Doctor
in civilian life.

Signature of Patient: _____