



**Grŵp Meddygol
Ystwyth
Medical Group**

www.ystwythmedicalgroup.co.uk

Parc y Llyn
Aberystwyth
Ceredigion
SY23 3TL

Tel: 01970 613500
contact.w92025@wales.nhs.uk

Consent for someone to collect for you
Consent for someone to speak for you

Patient Name: _____

Date of Birth: _____

I consent to the following person(s) collecting the below (please tick as appropriate) on my behalf:

- Prescriptions
- MED3 forms (sick notes)
- Documentation being provided to me by the practice

I consent to the practice speaking with the person(s) named below about:

- All my health needs
- My medication
- My test results
- The following specific information (please add clear

instructions): _____

Name	Relationship	Contact Details

Patient Signature: _____

Date: _____

If you wish to change these instructions, please contact the Practice.



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Caniatâd i rywun gasglu i chi
Caniatâd i rywun siarad ar eich rhan

Enw'r Claf: _____

Dyddiad Geni: _____

Rwyf yn cytuno i'r bobl a enwir isod i gasglu (ticiwch eich dewis isod) ar fy rhan:

- Presgripsiynau
- MED 3 (nodiadau salwch)
- Dogfennau a rhoddwyd gan y feddygfa

Rwyf yn cytuno i'r practis siarad gyda'r bobl a enwir isod ynglŷn â:

- Fy anghenion iechyd i gyd
- Fy meddyginiaeth
- Fy nghanlyniadau profion
- Y manylion penodol yma (rhowch fanylion clir):

Enw	Perthynas	Manylion Cyswllt

Llofnod y claf: _____

Dyddiad: _____

Os ydych eisiau newid y cyfarwyddiadau yma, rhowch wybod i'r feddygfa.