

Consent Form

To Doctor:.....

Surgery Address:.....

.....
.....

I hereby give my consent for you to provide Spa Private Medical with a summary medical report as required by the DVLA, for completing D4 taxi medical form.

This can be emailed to them at: admin@spaprivatemedical.co.uk

Name (print):.....

Date of birth:.....

Address:.....

.....
.....

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



admin@spaprivatemedical.co.uk
spaprivatemedical.co.uk
T: 01242 506000

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