

## The Waiting List Initiative

# Patient Consent Form

### Patient Details

**First Name** (as per passport): \_\_\_\_\_

**Surname** (as per passport): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Eircode/Postcode:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Consent Statements

- ☐ I consent to allow Medinet to discuss my treatment plan with my GP.  
Medinet may contact your GP to obtain your medical history or referral letter. After your treatment, we will send your medical translation from our partner hospitals to your GP for follow-up care.
- ☐ I consent to allow Medinet to share my medical records and data with hospitals within our network. We will only share your information with hospitals agreed upon with your consent. You will be informed before any travel arrangements are made.
- ☐ I consent to allow Medinet to contact me via phone, email, SMS, and WhatsApp.  
We will use these channels to communicate appointment details, explain processes, and provide updates.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_


## Contact us to find out more



### Republic of Ireland

Medinet Ireland,  
The Mill Enterprise Hub,  
Newtown Link Road,  
Drogheda, Louth,  
Republic of Ireland,  
**A93 CD3D**

 [contact@medinet.ie](mailto:contact@medinet.ie)

 **Tel: 01 5134299**


 [www.medinet.ie](http://www.medinet.ie)



### Northern Ireland

Musgrave Healthcare,  
Unit 2.22, House of Vic-Ryn,  
1 Rathdown Road, Lisburn,  
**BT28 2RF**

 [contact@medinet.ie](mailto:contact@medinet.ie)

 **Tel: 07539 133922**

 [www.medinet.ie](http://www.medinet.ie)

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