

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

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Newtown Link Road,
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A93 CD3D

- contact@medinet.ie
- [Tel: 01 5134299](tel:015134299)
- www.medinet.ie



Northern Ireland

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