

AUTHORISATION TO DOCTOR

DOCTOR'S NAME _____

DOCTOR'S
ADDRESS _____

POSTCODE _____ TEL.NO. _____

YOUR NAME _____

YOUR
ADDRESS _____

POSTCODE _____ TEL.NO _____

Dear Doctor,

I have applied for accommodation to The Walthamstow & Chingford Almshouse Charity. The Trustees may require some information from you. If they ask for a report, I hereby give you my authority to release to them information which they may reasonably require to assess my mobility and the general condition of my health.

Yours faithfully,

Signed _____ Dated _____