

Dr. Martin O'Flynn

Dr. Laura O'Flynn

Dr. Niall Breen

Providing the best standard of medical care for the community of Portmarnock & beyond

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NAME	ADDRESS	DOB	MOBILE	PPS NO	GMS NO

Dear Dr. _____, of _____,
The above patient(s) has (have) recently registered with this practice and we would be grateful if you would forward on their previous medical records, at your convenience. Ideally via HEALTHMAIL, if possible: laura.oflynn@healthmail.ie
We thank you for your care to date.

Yours sincerely, Dr. Martin O'Flynn, Dr. Laura O'Flynn, Dr. Niall Breen

CONSENT FOR RELEASE OF MEDICAL RECORDS

SIGNED: _____

DATE: _____

- I consent to receive SMS appointment reminders and non-urgent test results
(Will not be passed onto 3rd parties under any circumstances)
- I will inform the practice of any change in mobile numbers.