ABDO Pre-Qualification Period Portfolio

## Example of a data protection form that could be used

|  |
| --- |
| Practice Name and Address: |
| I give permission for details of my patient record to be used anonymously for the purposes of a case study in the portfolio belonging to………………………………………………………………………………………  I also give permission for my original records to be viewed by a third party, for the purpose of checking authenticity of records should the need arise. |
| Name: |
| Signature: |
| Date: |

|  |
| --- |
| Practice Name and Address: |
| I give permission for details of my patient record to be used anonymously for the purposes of a case study in the portfolio belonging to………………………………………………………………………………………  I also give permission for my original records to be viewed by a third party, for the purpose of checking authenticity of records should the need arise. |
| Name: |
| Signature: |
| Date: |