ABDO Pre-Qualification Period Portfolio

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

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| 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: |

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| --- |
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| Name: |
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| Date: |