ABDO Pre-Qualification Period Portfolio 2023 Syllabus

## Patient consent form for data protection purposes

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Declaration:** | | | |
| 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 the above-named student and I have been advised that the portfolio case records contain no patient identification details.  I also give permission for my original records to be viewed by an ABDO Examiner, for the purpose of checking authenticity of records and I have been advised that this would be during a visit by an ABDO examiner to the practice, as patient records must remain on the premises. | | | |
| **Patient Name:** |  | | |
| **Patient signature:** |  | | |
| **Date signed:** |  | | |
| **Practice name & address:** |  | | |
| **Student Name:** |  | **ABDO No:** |  |

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