ABDO Pre-Qualification Period Portfolio 2023 Syllabus

## Patient consent form for data protection purposes

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| **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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