

Dr E R Breene
Dr K A M Davey
Dr S G Davidson
Dr C D Hewitt



Dr J M House
Dr C T Morgan
Dr W M Murray
Dr R Mittal

**IF NEW PATIENT (STUDENTS ONLY) HAS ASTHMA
PLEASE CHECK THE FOLLOWING DETAILS.**

- Please make an appointment with a GP to arrange your repeat medication.
- We carry out a yearly review on all our Asthma patients. If however you do not want us to do this and you would prefer for this to be done at your home GP*. Please circle 'I do' or 'do not' and sign below.
*nb Your medical records will come to this practice and therefore it may be difficult for your GP to do the review without your notes

I do / do not wish to have my annual Asthma review at Garthdee Medical Group

(You are free to change your mind at anytime, therefore please inform the practice if you do. Thank you)

Name **DOB**
(BLOCKED CAPS)

Signature **Date**