

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 DIABETES  
PLEASE CHECK THE FOLLOWING DETAILS.**

- Please make an appointment with a GP to arrange your repeat medication.
- We continually review our diabetic patients as well as referring them to our local Diabetic Clinic. If however you wish to continue to attend your local Diabetic Clinic and do not want to be invited in for review at the practice\*, please circle 'I do' or 'do not' and sign below. You must however ask the clinic to send a copy of the report to this practice to ensure your records are up to date.

\*nb There are some checks that we wish to carry out that the clinics don't do regularly and that is why we invite you for review at the practice as well.

**I do / do not wish to be referred to the Diabetic Clinic in Aberdeen.**

**I will be attending for Diabetic Review at.....**

**I do / do not wish to be invited in for a review at the practice.**

**(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 .....**