



Atrium Family Practice.  
The Atrium, St Johns Lane,  
Naas, Co. Kildare. W91 NY3C  
Tel: 045 250090

Dr Margaret McGloughlin  
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**COMPLAINT FORM WITH PATIENT THIRD PARTY CONSENT:**

Patient's Name: ..... Date of Birth: .....

Address: .....

..... Eircode: .....

Telephone Number: ..... Medical Card Number: .....

Enquirer/ Complainant's name: .....

Relationship to Patient: .....

Address: .....

.....

Eircode: ..... Telephone No.: .....

If you are making a complaint for a patient, or if your complaint / query is about a patient's medical care, then we need consent from the patient. Please obtain the patient's signed consent below. I consent to my doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

Signed: .....

(Patient Only)

Date: .....