



**Request for Data to be withheld from the
Care Data Programme 2014**

Title..... Surname/FamilyName.....

Forename(s).....

Address.....

.....Postcode.....

Telephone Number..... Date of Birth.....

If you have any questions please telephone the patient information line on
0300 456 3531
or visit the care data web site on
www.nhs.uk/caredata

Signature.....

(Parent to sign on behalf of child under 16 years old)

Date.....

To be completed by practice EMIS.....

Date actioned by practice..... Initials.....