

Dr Martin Nixon

IMC no. 23445

St. Mary's Primary Care Centre
St. Mary's Health Campus
Bakers Road, Gurrabraher,
Cork
Tel: 021 4301745

Millgrove Surgery
Well Road
Cork
Tel: 021 4294668

Date:

Dear Doctor,

Due to circumstances or because it is my expressed wish, I would like to nominate the named person detailed below, to collect any:

1. Prescriptions*
2. Certificates *
3. Letters from your surgery on my behalf*

(*delete as appropriate)

And, if my decision related to this changes, I will contact you again, to instruct you regarding the change required.

Yours Sincerely,

Signed

Name:

Person nominated (capital letters)

Name:

Please note the person nominated to collect will need to present proof of ID on request.