

ABDO Diploma in Contact Lens Practice Portfolio (2024 Syllabus)

Patient consent form for data protection purposes

Patient Declaration:			
<p>I give permission for details of my patient record to be used anonymously for the purposes of a case study in the portfolio belonging to the above-named student and I have been advised that the portfolio case records contain no patient identification details.</p> <p>I also give permission for my original records to be viewed by an ABDO Examiner, for the purpose of checking authenticity of records and I have been advised that this would be during a visit by an ABDO examiner to the practice, as patient records must remain on the premises.</p>			
Patient Name: _____			
Patient signature: _____			
Date signed: _____			
Practice name & address:			
Student Name:		ABDO No:	

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