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| --- | --- |
| Dr. Stephen Greenfield | **Ty’r Felin Surgery** |
| Dr. Josephine Sartori | **Cecil Road** |
| Dr. Nia Rice | **Gorseinon** |
| Dr. Keith Hawkins | **Swansea** |
| A drawing of a face  Description automatically generatedDr. James Kerrigan | **SA4 4BY** |
| Dr. Laura Newington |  |
| Dr. Caroline SmithDr. Lisa HeathDr. Ainsley Rees-Evans | **Telephone/Ffôn: 01792 898844** **Fax/Ffacs: 01792 891752** |
|  |  |

**NOTIFICATON OF CHANGE OF NAME AND/OR ADDRESS**

FULL NAME: ....................................................................................................................................

TITLE: MR ............. MRS ................... MS ................ OTHER ..........................

PREVIOUS NAME/S: .....................................................................................................................

DATE OF BIRTH: ...........................................................................................................................

PREVIOUS ADDRESS: .................................................................................................................

...............................................................................................................................................................

NEW ADDRESS: .............................................................................................................................

...............................................................................................................................................................

TELEPHONE NUMBER: .............................................................................................................

I understand that this notification of change of name/address complies with the recommendations under GDPR.

SIGNED CONSENT:

Signature: ......................................................................................................................................

(if under 16 years of age then the form must be signed by parent/guardian

Date: .................................................................................................................................................