Unit 8a Ashbrook Business Park
Longstone Road
Heald Green
Manchester
M22 5LB

Letter of Authority - ^RD,client.reference;

About this form

I agree and accept that upon signing this Letter of Authority, I authorise The Claims Protection Agency Ltd, trading as "My Claim Group", to submit a Data Subject Access Request (under s.45 of the Data Protection Act 2018 and under Article 15 of the General Data Protection Regulations), to the below named Dental Practice to provide "My Claim Group" with full and complete copies of dental records and date diagnostic radiography.

Your Details

First Name:

^RD,client.firstName;

Surname:

^RD,client.lastName;

Current Address:

^RD,client.address.line1;
^RD,client.address.line2;
^RD,client.address.townCity;
^RD,client.address.county;
^RD,client.address.postcode;

Maiden name or any other previous:

^RD,client.previousName;

Date of Birth:

^RD,client.dateOfBirth;

Previous Addresses:

^RD,client.previousAddress;

Practice Details

Dentist's Name:

^RD,dentist.name;

Dentist's Address

^RD,dentist.address.line1;
^RD,dentist.address.line2;
^RD,dentist.address.townCity;
^RD,dentist.address.county;
^RD,dentist.address.postcode;

To Dental Practice

I understand that filling in and signing this form gives the dental practice permission to give copies of all my dental records and radiographs, to The Claims Protection Agency in line with General Data Protection Regulations 2018, within 30 days.

Signed:

^IMG,client.signature.data,180,90;

Date:

^RD,client.signature.date;