PATIENT CONSENT TO THE USE AND PROVISION OF PERSONAL DATA

I,[PATIENT NAME]
OF
[PATIENT ADDRESS]
Hereby consent to DEXA Limerick & Professor Declan Lyons providing my
rieleby consent to bear einerick & Froiessor bedain Eyons providing my
personal data to:
[NAME OF PERSON OR ORGANISATION]
[IVAINE OF PERSON OR ORGANISATION]
OF
[ADDRESS]
[SIGNATURE OF PATIENT]
[DATE OF CONSENT