

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
personal data to:

-----[NAME OF PERSON OR ORGANISATION]

OF -----

-----[ADDRESS]

-----[SIGNATURE OF PATIENT]

----- [DATE OF CONSENT]