

**Mr. Raef Faris Msc. FRCOG**

Consultant Gynaecologist  
Chelsea Bridge Rd,  
Chelsea  
London  
SW1W 8RH

Honorary Consultant Gynaecologist  
Imperial College Healthcare  
St Mary's Hospital  
Praed St  
London W2 1NY

---

**CONSENT FORM**

---

**Complete this section if you DO wish us to correspond with your doctor(s)**

I consent to information pertaining to my treatment under Mr Faris' care to sent on to

those named below in order to assist the continuity of my care –

(referring doctor).....

and/or (General Practitioner) .....

and/or (other named person).....

Signature of patient .....

-----

**Complete this section if you DO NOT wish us to correspond with your doctor(s)**

I wish all correspondence pertaining to my treatment under Mr Faris' care to be sent to me at my address, and I do not wish copies of this to be forwarded to any other person.

Signature of patient .....

Date .....

**Address for Correspondence**

The Lister Hospital, Chelsea Bridge Rd, Chelsea, SW1W 8RH  
Tel (Switchboard) +(44) 02077307733  
Secretary +(44) 02078814038  
Appointments +(44) 02077308298  
Fax +(44) 02072599039  
E-mail raefaris@lfcclinic.com