

**MEDICAL MANDATE**

I, **MICHELLE PATE** date of birth, **26/01/1969**  
residing at, **44 CRUACHAN ST**  
**GLASGOW G96 8LQ**

hereby authorise the release of all medical records/documents relating to me to my solicitors,

Aiker Legal Ltd, 4a Edison Court, Elice Way, Technology Park, Wrexham, LL12 7YT

SIGNED:



DATED:

**9/9/25**