Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Private

MMA Legal Limited
Stok
43 – 59 Princes Street
Stockport
SK1 1RY

Date: 18th May 2026
Your Ref: 100021
Our Ref: SAR / ACCESS / CF
Enquiries to: Caroline
Direct Line: 0141 201 3380
Email: Caroline.Forsyth@ggc.scot.nhs.uk

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: Enzo Paul Serapiglia D.O.B: 07/12/1967

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

STOBHILL ACH RECORDS / GLASGOW DENTAL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☑		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

NHS
Greater Glasgow and Clyde

Endoscopy Services
Stobhill ACH
133 Barlornock Road
Glasgow
G21 3UW

16/08/2023

0712673318
SERAPIGLIA
Enzo, P
M
07/12/1967

Dear _____

You have been referred to NHS Greater Glasgow and Clyde Gastroenterology Service by your GP. Your electronic health records have been reviewed by an experienced health care professional and you have been placed on the waiting list for a routine Endoscopy test.

The information provided by your GP would suggest treatment for Gastro-oesophageal Reflux Disease (GORD) may be helpful. This is the medical term for excess stomach acid in the gullet. Please read through the enclosed Dysphagia information leaflet which outlines the treatment for GORD.

If your symptoms settle completely with treatment for GORD then an Endoscopy will be unlikely to show anything else of concern and we would simply recommend that you continue with the treatment for GORD as described in this leaflet. If this happens you may wish not to go ahead with your Endoscopy.

We are happy to offer you the opportunity to opt out of your endoscopy waiting list appointment if your symptoms go away. If you do choose not to go ahead with this, please contact us on the below contact numbers so that we can cancel your test and offer the appointment to someone else.

Contact Telephone Numbers: 0141 201 3683

Yours sincerely

Endoscopy Admin

Melissa Cummins

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☑		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Glasgow Dental Hospital Referral Form

07126733178
NIP.
30256119

Date of Referral: 07-11-14

Section A - Patient Details:

Surname:	SERAPIGLIO	Male ☑ Female ☐	
First Names:	ENZO	Date of Birth: 7/12/67	
Address:	~~FLAT 1/1~~ MOORFIELD COTTAGE		
Town:	KILMARNOCK	Post Code: KA2 0AH	
Phone:	Day:	Eve:	Mobile: 07473660934

Referring Dentist/Doctor Details:

Name: ADAM LAIRDNER
Address: The Renfrew Dental Centre 8 High St Renfrew
Phone: 0141 886 2137

Hospital Use Only:

Is patient registered with practice ☑ | CHI No. (if known)

Routine: ☑ Urgent: ☐ * You must justify urgent request overleaf Rapid Access ☐

Has patient attended GDH before? Yes ☐ No ☑ If so state Hosp No

Referral to:

(please refer to individual guidance notes when completing this section)

Section B - Paediatric Dentistry (not GA Assessment) (please read guidance notes 1)

Problem:

Is the patient symptomatic	☐	Radiographs enclosed	☐
Dento-alveolar trauma1	☐	Molar/incisor hypoplasia/mineralisation	☐
Tooth discoloration	☐	Developmental defects	☐
Non-carious tooth surface loss	☐	Soft tissue disorders/lesions	☐
Medically compromised	☐	High caries rate *or* pain from decayed teeth*	☐
Learning difficulties and special needs*	☐	Anxiety and behaviour management*	☐
Other Please Specify	☐		

*** Should be referred to Community Dental Service in the first instance**

Section C - Restorative:

Radiographs enclosed ☐

Standing teeth:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

CPITN:

Section C1 - Conservation:

(please read guidance notes 2a)

Problem:

For advice only ☐	For Specialist treatment (at Consultant's discretion) ☐	Undergraduate treatment ☐
Toothwear ☐	Fixed Prosthodontics ☐	Pain Diagnosis ☐
Purely Cosmetic (advice only) ☐	Maxillofacial/Cleft ☐	Anxiety/Hypnosis ☐
Other(specify)---------- ☐	Caries present ☐	Is the caries controlled ☐

Section C2 - Endodontics:

(please read guidance notes 2b)

Problem:

De novo ☐	Re-treatment ☐
Periradicular surgery ☐	Trauma* ☐
Are adjacent pockets <4mm ☐	Is tooth caries free and restorable ☐
Duration of condition ☐	Previous episode (provide details in Section G) ☐

***Patients under 16 years of age should be referred to Paediatric Dentistry**

Section C3 - Prosthodontics:

(please read guidance notes 2c)

Problem:

For advice only: ☐	For treatment: Specialist (at Consultant's discretion) ☐	Undergraduate ☐
	Edentulous ☐	Partially dentate ☐
Are dentures worn by the patient:	Yes ☐	No ☐
Were the dentures made by you:	Yes ☐	No ☐
Periodontal Status	Disease present - (give details in Section F) ☐	Is the caries controlled ☐

Section C4 - Periodontology: (please read guidance notes 2d)

Problem:

For advice only ☐ or For specialist treatment ☐ (at Consultant's discretion)

Please refer to guidance notes for an outline of those conditions for which specialist treatment is available. Patients with poor oral hygiene or obvious calculus deposits will not be accepted for treatment.

Section D - Orthodontics: (please read guidance notes 3)

Problem:

For Advice only ☐ or For specialist treatment ☐ (at Consultant's discretion)

Section E - Oral Surgery/Oral Medicine: (please read guidance notes 4)

Problem:

Oral Surgery ☐ Oral Medicine ☑

Section F – Radiology: (please read guidance notes 5)

Problem:

Previous relevant radiographs included ☐ When were they taken?

Section G - Referral Details:

Reason for referral: (Justify urgent requests)
Pt has a firm white patch on his lower lip, left of centre. Pt is a smoker. Pt also has a path of Leukoplakia 7| alveolar ridge region.

History of complaint and duration of condition:
Pt gives a history of trauma to his lip over 20 years ago and having the lesion for a long time.

Previous investigation and treatment:
Pt is a new pt to myself although he has been registered at the practice for a few years. Pt does not feel he rests his cigarettes on this area of his lip when he is smoking.

Relevant medical and drug history:
Pt is a smoker

Examination findings:
Pt has a white patch which is firm and roughly ◯ in size on the left side of his lower lip.

Provisional diagnosis: ?

Section H – Paediatric Assessment:

Section H1 - Provisional Treatment Plan: (please read guidance notes 6)

Extraction of: _____

Justification for Referral:

- I have discussed alternative means of care as specified in the advice sheet (Appendix I)
- I have explained to the parent /guardian/patient (*delete as appropriate) the proposed procedure and the risks of general anaesthesia as specified in the advice sheet (Appendix II)
- I have explained that the treatment plan may be changed at the assessment appointment and I have explained that the parent/guardian/patient will be advised of any such changes.

(NB sign end of referral sheet)

Section H2 – Parent/Guardian/Patient to complete

I confirm that ~~Dr/Mr/Mrs/Miss/Ms~~ Lanedda has discussed with me the alternative means of care as specified in advice sheet (Appendix I).

I am satisfied with the explanation given to me for the need for referral. I agree to the referral for assessment for sedation/general anaesthesia following the explanation of the proposed procedure and the risks of general anaesthesia as specified in the advice sheet (Appendix II).

Signed: _____ Date: 6/11/14

parent/guardian/patient (delete as appropriate)

Section I – Signed: _____ Date: 6/11/14

Referring Practitioner

For Hospital Use Only:

Accept ☐ Priority: Urgent ☐ Soon ☐ Routine ☐

Reject ☐ Because of insufficient information ☐ Inappropriate referral ☐

Advice only ☐ Date vetted: _____ Vetted by: _____ Signed

CHI No

Internal Audit

Glasgow Dental Hospital

IHS
er Glasgow
d Clyde
0712673318
SERAPIGLIA
Enzo
M
07/12/1967
Moorfield Farm Cottage
Gatehead Road
Kilmarnock, Ayrshire
KA2 0AH

Treatment Record

Surname	Forename(s)	Unit Number

Date	Dept	Treatment	Signature	
			Student	Staff
26/1/15	O/M	D.N.A.	Emma Jamieson	