

Bewbush Medical Centre

Bewbush Place

Crawley

West Sussex

RH11 8XT

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Requesting a Letter from Bewbush Medical Centre

Patient Name: _____

Date of Birth: _____

Contact Number: _____

Who should this letter be addressed to? (We are not able to write open letters, we must include the recipient when the letter is written):

Individual Name (if applicable): _____

Address: _____

What is the purpose of this letter and what information should be included? (Provide as much detail as possible. Please note that when writing the letter, the GP will only include what they deem clinically relevant. They can also only include information which is either recorded or known as fact):

Patient Signature: _____

Date Requested: _____

For Office Use Only:

Patient has been informed of likely/possible charge (tick)

Charge agreed by GP: £_____