**HESWALL & PENSBY GROUP PRACTICE**

*“We are a practice that engages in research”*

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270 TELEGRAPH ROAD

HESWALL

WIRRAL CH60 7SG

 0151 342 2811

cmicb-wi.gatekeeper-n85007@nhs.net

DATE

OUTPATIENT ADDRESS OR HOSPITAL ADDRESS

Dear Sir/Madam,

FULLNAME, YOUR DATE OF BIRTH, YOUR NHS NUMBER (IF YOU HAVE THIS)

YOUR ADDRESS

YOUR PREFERRED TELEPHONE NUMBER

This patient was referred to you for assessment of

PLEASE ENTER YOUR ORIGINAL PROBLEM HERE

We would be grateful if you could consider expediting this appointment based on the below report of a change in their condition since referral:

BRIEF DESCRIPTION OF CHANGE IN SYMPTOMS SINCE YOUR REFERRAL

Please contact the patient directly to inform them of the outcome of your decision, further to receipt of this letter.

Yours faithfully.

Heswall & Pensby Group Practice