



SPILSBY SURGERY

- CARE AS INDIVIDUAL AS YOU ARE -

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Date

Outpatient Appointments
Hospital name and address

Dear Sir / Madam

Your full name

Your date of birth Your NHS Number (if you know it)

Your address

Your preferred telephone number

This patient was referred to you for assessment of

Write your original problem here

They await a first appointment, but report the following change in their condition since referral

Explain briefly what has changed since Spilsby Surgery referred you to the specialist

We request that you take the following action

- Pass the original referral letter and this letter to a clinician to determine whether their assessment might be expedited
- Contact the patient directly to inform them the outcome of that decision, and their likely wait for an appointment
- File this letter, and document your decision, in the patient's hospital medical record.

Yours faithfully

DRs SAVORY, HOWARTH & SHURO

Dr Stephen Savory Dr James Howarth Dr Von Shuro Dr Kieran Sharrock Dr Lai Sit Dr Florentina Dumitru
Practice Manager Jason Longstaff Nurse Consultant Andrea Longstaff