**BEWICK CRESCENT SURGERY**

**Request for To Whom It May Concern Letter from Patient**

|  |  |
| --- | --- |
| **Your details** | |
| Surname |  |
| First name(s) |  |
| Any other name known under |  |
| Date of birth |  |
| NHS number  (if known) |  |
| Your address | |
| Telephone number(s) | |
| Email address | |
| **Patient details if requesting for another person** | |
| Please now enter as much information as you can below. This will help us to deal with your request as quickly as possible. | |
| Surname |  |
| First name(s) |  |
| Any other name known under |  |
| Date of birth |  |
| Your relationship to the patient |  |
| Their address |  |
| Telephone number(s) |  |
| Email address |  |
| **Details of letter requested** | |
| Please provide as much information as to what you require in the letter. | |
| **Declaration** | |
| Tick the following to confirm:  I declare that the information I have given on this form is correct to the best of my knowledge.  I am the patient's personal representative. | |
| Signature | |
| Signature of Patient if this request if for someone else. | |
| Date | |

You will need to provide proof of identity. Please see details on next sheet.

|  |  |
| --- | --- |
| **For Surgery Use Only** | |
| Administrator details: | |
| Date received: |  |
| Fee paid (amount) |  |
| **Sign Off** | |
| Admin sign off:  Date: | |
| Secretary sign off:  Name:  Date: | |
| Date letter Complete |  |
| Date handed to patient. |  |

**Proof of identity**

It will be necessary to confirm the identity of all parties included on this form. Please supply a photocopy of one document from sections A and B.

A Confirmation of name

* Full driving licence
* Passport
* Birth certificate
* Marriage certificate
* Health and Social Care Information Centre identity badge

B Confirmation of address

* Utility bill
* Bank statement
* Credit card statement
* Benefit book
* Pension book