**BEWICK CRESCENT SURGERY**

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

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| **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.

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| **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