**IN CONFIDENCE**

22 May 2024

Specialist’s Name (click to type)

Hospital Speciality (click to type)

Hospital Name (click to type)

Hospital Address (click to type)

Dear Madam / Sir

**Re:**

Your full name (click to type)

Your date of birth (click to type) Your NHS number (click to type)

Your address (click to type)

Your preferred telephone number (click to type)

**Our mutual patient is receiving care from you for:**

Write your original problem here (click to type)

**They await a follow up appointment and / or treatment, but we have been informed that:**

|  |
| --- |
|[ ]  The patient has contacted your team member / secretary and have been advised by them to seek a letter from ourselves to expedite the appointment |
|[ ]  The patient feels the wait is too long and would like an earlier appointment. |
|[ ]  The patient’s symptoms are worsening, details below: |

Explain briefly what has changed since you were referred to the specialist (click to type)

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

Many thanks

Umbrella Medical