

Great Chapel Street Medical Centre
13 Great Chapel Street, Soho, London W1F 8FL

Telephone: 020 7437 9360
020 7439 2389
Fax: 020 7734 1475

MEDICAL RECORD REQUEST

Date:

Dear Doctor

Re:.....

DOB:.....

The above patient, who now attends this clinic, was treated at your hospital/surgery at

.....

Address at that time:.....

Any other information:.....

I would be grateful if you could kindly send me a copy of the computer **summary medical records** and any relevant letters to assist me in my treatment.

We are an NHS general practice for temporarily registered homeless patients and are not in a position to pay for any copy charges. We are very grateful for your help. Past records are of enormous value to us.

I would appreciate an urgent response.

Thank you for your help.

Yours sincerely

**DR PHILIP REID
DR SIMON RAMSDEN
DR HITESH MISTRY
DR NATALIE MILLER
GENERAL PRACTITIONERS**