**Woodside Medical Group**

Request for To Whom It May Concern Letter – Charge £30

Please complete this form when requesting a letter from the practice.

Payment will be required before the letter is produced – payment can be made by cash, cheque or bank transfer to Woodside Medical Group Sort Code 80 05 14 Account Number 10185664

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| --- | --- |
| Patient Name  |  |
| Patient Date of Birth |  |
| Patient Address |  |
| Who is the letter for |  |
| What is the letter needed for/what information do you want on it (please be as clear as possible)  |  |
| Charge | £ |
| Paid (tick when paid) |  |