Date			Ref: EXP01/
NI.			
Name Address			
Address			
Date of Birth			
The above patient informs us that they have contacted your department with regard to expediting			
their appointment and been told by a member of your team that before such a request can be			
considered, that they contact us and ask us to supply a letter providing the same information about			
which you have already been informed.			
For the avoidance of doubt, the reason for their request is as follows:			
Tick any that		[] Waited too long	[] Now symptoms
[] Actively g	sttillg worse	[] Waited too long	[] New symptoms
Please provide as much detail as possible for the hospital to consider your request:			
We should be grateful if you would consider their request.			
Yours sincerely			
Ivy Grove Surgery			