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| **Burscough Family Practice** |  |
| Email: welaccg.burscoughfamilypractice@nhs.netTelephone: 01704 396020Website: www.burscoughfamilypractice@nhs.net | **Dr Sujoy Biswas****Burscough Health Centre****Stanley Court****Lord Street****Burscough****L40 4LA** |

Date

Specialist’s name

Hospital Specialty

Hospital name and address

**Dear Colleague**

Your full name

Your date of birth Your NHS Number (if you know it)

Your address

Your preferred telephone number

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

Write your original problem here

**They await a follow-up appointment and / or treatment, but report the following change in their condition since your last contact with them:**

Explain briefly what has changed since your last contact with the specialist

**We request that you take the following action:**

* **Review the patient’s hospital notes alongside this letter to determine whether their care might be expedited**
* **Contact the patient directly to inform them the outcome of that decision, and their likely wait for further care**
* **File this letter and document your decision in the patient’s medical record.**

**Yours faithfully**

**Dr S Biswas**