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 numbers

**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**

**Mount Avenue Surgery**