

• MORGAN GLEN SURGERY •

Morgan Glen Place, Larkhall, ML9 1RJ

☎ 01698 882105 🌐 www.morganglen.scot.nhs.uk

LETTER REQUEST FORM

PLEASE NOTE:

A fee of £20 is payable immediately on completion of this form. The letter will be issued at the GP's discretion and is not guaranteed. You will be notified and refunded if the request has been declined. If the request has been approved the letter will be addressed as "To Whom it May Concern" and will be ready for collection in 10 working days.

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| NAME: | |
| DOB: | |
| ADDRESS: | |
| HOME TELEPHONE NUMBER: | |
| MOBILE NUMBER: | |
| REASON FOR LETTER (Please give as much information as possible): | |
| | |

OFFICE USE ONLY:

DATE FEE PAID:

INITIALS:

SCANNED TO: