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REQUEST FOR SPECIAL CONSIDERATIONS LETTER

(For your tutor/exams office etc.)

Please note, there is a **£20 charge per letter**, which is payable when handing in this form. Unfortunately, we can only accept **cash or cheque**.

Please allow **7-10 working days** for your letter to be completed after handing in this form. **You will need to come into the surgery to collect your letter.**

Your Name:

Date of Birth:

Telephone Number:

Date of Appointment(s) In Which You Discussed the Issue(s):

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Name of Doctor Seen (if known):

Brief Details Of What Is Required In Your Letter:

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Staff Use Only: Paid

Initials: