

Grove Medical Practice

Doctor Stephen Patton
Doctor Marie Louise Thornton
Doctor Fionnuala Dickson



Letter Request Form

NAME _____ DOB _____

ADDRESS _____

INFORMATION

- £15 Charge
- Letter will *usually* be ready within 7 working days
- Under *some* circumstances, we may not be able to fulfil this request

Please complete the following form in full to ensure your letter is completed as accurately as possible.

REASON FOR LETTER REQUEST

- | | |
|--------------------------------------|--------------------------|
| Housing Executive Letter | ☐ |
| Fitness to Fly (Including Pregnancy) | ☐ |
| School / University | ☐ |
| Holiday Cancellation | ☐ |
| Other / Miscellaneous | ☐ |

RELEVANT INFORMATION (Provide all details required for letter)

UPDATED CONTACT TELEPHONE NUMBER _____

Tel: 028 9016 4800
Fax: 028 90164614
E-mail: Reception.Z00083@gp.hscni.net
www.grovemedicalpractice.co.uk

Grove Medical Practice
Grove Wellbeing Centre
120 York Road
Belfast BT15 3HF