**Private & Confidential**

Date

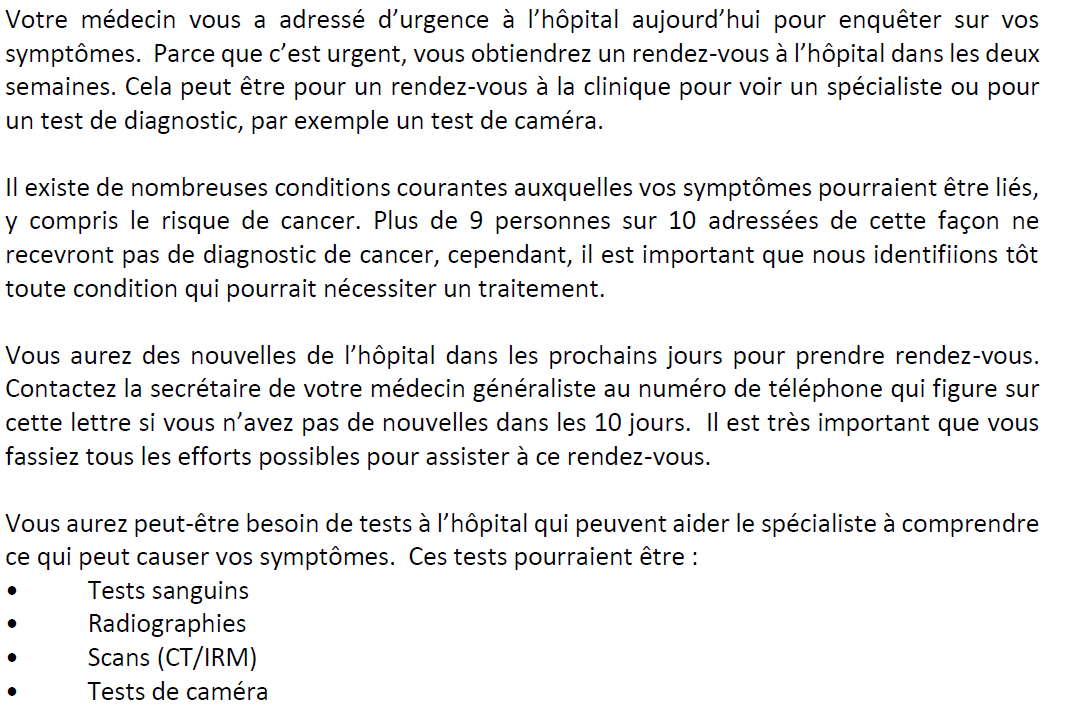
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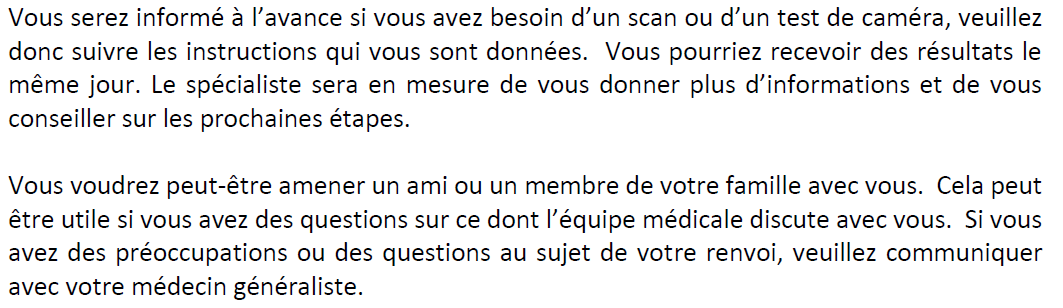
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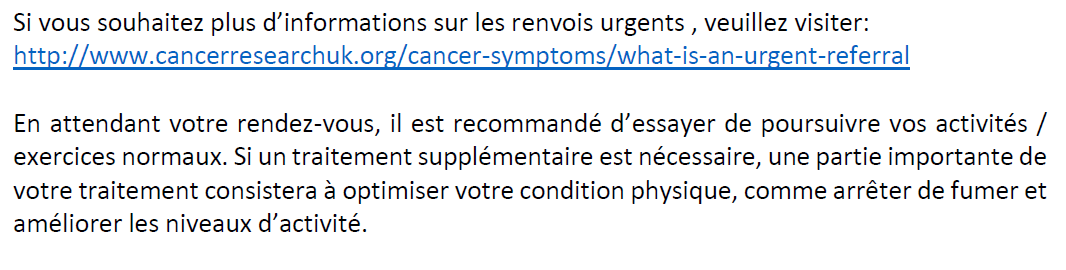
Address 2

Postcode

Dear <<patient name>>







**<< GP>>**

**Surgery contact details**