



Saffron Health

producing better health together

Business Manager: Philippa Guy
Operations Manager: Martina Moran

509 Saffron Lane
Leicester LE2 6UL
Telephone: 0116 244 0888
www.saffronhealth.co.uk
Email: saffronhealth1@nhs.net
Facebook: fb.me/SaffronHealthGP

Date stamp:

Patient advisors initials:

**PLEASE ONLY COMPLETE THIS SIDE OF THE REQUEST FORM IF YOU REQUIRE A
GP LETTER OR FORM TO BE FILLED IN
PAYMENT MUST BE TAKEN WHEN FILLING IN THIS FORM**

Details of type request: (eg. TWIMC (letter from GP) or a form):

Patient full name, address and date of birth.

Contact telephone number:

DETAILS REQUIRED FOR TWIMC (GP letter) ONLY:

Please ask for more paper if needed.

We aim to complete each request within 28 days with compliance of The General Data Protection Regulation.

PLEASE NOTE THAT ONE FORM SHOULD BE USED PER PATIENT AND PER REQUEST

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Partners

Dr Alaine Cansdale
Dr Mou Mitra
Dr Namita Sharan

Dr David Kerbel
Dr Amit Rastogi

Dr Bridget Kilty
Dr Christopher Sanders
Dr Stephanie Short



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Reception Manager: Martina Moran

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Leicester LE2 6UL
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www.saffronhealth.co.uk

Date stamp:

Patient advisors initials:

**PLEASE ONLY COMPLETE THIS SIDE OF THE REQUEST FORM IF YOU ARE REQUIRE YOUR
MEDICAL RECORDS**

Name of person/company, and address, requesting information from my medical records:

If the records are for YOU, THE PATIENT, please help us with preparing your records by telling us why you are requesting them; for example, PIP.

Patient full name, address and date of birth:

Contact telephone number:

Please provide dates of medical records required:

From: to:

Insurance Administration purposes only:

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