Dr N.J.OJUKWU, Dr A.A. AJANLEKOKO, Dr S.CHELLAPPAN & Dr S.HUSSAIN ST.BARTHOLOMEW'S SURGERY, 292A BARKING ROAD, LONDON E6 3BA TEL: 0208 472 0669, WEB: WWW.ASPIREMEDICALCENTRE.NHS.UK

## **REQUEST FOR PRIVATE LETTER**

Name:	_DOB:
Address:	
Telephone no:	_Mobile:
Date:	
What would you like the letter to address? Give as much information as possible.	
<del>To</del>	
A non-refundable fee of £30:00 is payable - Cash only	
Please allow 28 working days for this letter to be done.	
Checked details above and the information is accurate.	
Records not collected within three months will be destroyed.	
Signed Date:	
Please hand this form to reception once complete.	
FOR PRACTICE USE ONLY	
Date: Staff Name:	
Amount Paid:G	iven to