

**GP Name:**

**Practice address:**

**Practice logo:**

**Tel:**

**Fax:**

**Date:**

Dr \_\_\_\_\_

**Address**

Hospital IMED Elche  
Calle Max Planck 3,  
03203, Elche,  
Alicante, Spain

**Patient details:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**GMS No:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Patient notes**

Dear Dr \_\_\_\_\_,

\_\_\_\_\_  
\_\_\_\_\_

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Date: \_\_\_\_\_

Yours sincerely, \_\_\_\_\_