

GP Name:	Practice address:
Practice logo:	Tel:
	Fax:

Date:

Dr _____

Address

Hospital IMED Valencia

Av.de la Ilustracion, 1, 46100 Burjassot, Valencia, Spain

Patient details:

Name: _____

Address: _____

GMS No: _____

Phone number: _____

Patient notes

Dear Dr _____,

Date: _____

Yours sincerely, _____