

REQUEST FOR A MEDICAL LETTER

www.
**Leeds Student
Medical Practice**
.co.uk

Nurse/Doctor	
Patient's full name	
Date of birth	
Mobile telephone number	
Educational Institution	
Parent Department/Course Or other recipient	
EMIS number (office use only)	

**The 'Turnaround' time for
letters is 28 days**

Any fee payable for this letter, must be paid at the time of request.

Please discuss with Reception.

If no, please provide the dates and condition you are hoping for the letter to address
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Has this letter request been discussed with an LSMPDr/Nurse today? Yes No

I hereby give permission for the release of information from my medical records and request that the nature of the condition(s) interfering with my current studies be confirmed in writing to the Student Support officer/named individual. This letter may subsequently be kept in my University student file, for future reference by the University's Academic Staff and Examination Committees. This letter will also form part of my medical records.

Please select one of the following options:

Post via Royal Mail, (Allow 28 days)

Please confirm your postal address, _____

Send via e-mail

Please confirm your e-mail address, _____

Send via Accurx SMS text message,

Please confirm your mobile phone number, _____

By signing below, you are agreeing to all of the above.

Patient's signature:

Date:

Please send completed request forms to, lsmp.mail@nhs.net along with scanned copies of 2 forms of identification; this can be driving licence, passport or student ID.