

Wareham Surgery

Inter-Agency Contact Form

Wareham Surgery Streche Road Wareham Dorset BH20 4PG
Tel: 01929 553444 / Fax: 01929 550703 / Email: wareham.surgery@dorset.nhs.uk

Please complete this form in full, giving as much detail as possible. Without this form we may not be able to respond to your request.

REQUEST FOR INFORMATION FORM	
Name of requester:	
Organisation name and address:	
Contact Telephone Number:	
Email Address:	
Fax number:	
<i>Please note if you require information we cannot respond with this unless you provide your name and a means of contacting you. We are unable to release any information regarding patient details without a recent signed consent from the patient and we cannot email patient identifiable information outside the NHS.</i>	
Patient name:	Patient date of birth:
Patient address:	
Patient NHS number:	
Description of the information/action you require: <i>Please provide a full description of the information/action you require.</i>	
Urgency (circle as applicable): Routine Urgent	
Date of request:	

Please return your completed form to Wareham Surgery, contact details above.