

Version [x]

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Surname, forename(s), Title **SMITH, John Simon (Mr)** *DOB* **DD-Mmm-YYYY** *NHS No.* **123 456 7890**
Gender **MALE / FEMALE**
Home/Registered Address **Flat 2a, 123 Generic Street, Just off the Main Square, A Village, Near a town, In a County, AB12 3CD** *Tel No.* **0123 456 7890**
Current Address **567 New Street, Townville, United Kingdom, TV03 3AB** *Current Tel No.* **0123 456 0987**

Clinician **Name, role**

Consultation surgery Tel No. **0123 456 7890**

Consultation surgery email **surgeryemail@surgeryname.nhs.net**

Place of consultation **[Name of practice], [Full address]**

Date of consultation **DD-Mmm-YYYY hh:mm**

Date consultation letter sent **DD-Mmm-YYYY hh:mm**

Clinical notes

[notes]

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Clinical notes	
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Confidential: personal data	
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