**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.**

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| **REQUEST FOR INFORMATION FORM** |
| **Name of requester:** |
| **Organisation name and address:** |
| **Contact Telephone Number:** |
| **Email Address:** |
| **Fax number:** |
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|  *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.* |

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| **Patient name: Patient date of birth:****Patient address:****Patient NHS number:** |
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| **Description of the information/action you require:** *Please provide a full description of the information/action you require.*  |

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| **Urgency (circle as applicable):****Routine Urgent**  |
| **Date of request:** |

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