



\_\_\_\_/\_\_\_\_/\_\_\_\_

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Doctor

The patient/s listed below are now attending this practice.

It would be appreciated if you could forward us any relevant information.

We can accept files in disc format for Best Practice XML Format.

We would also appreciate the EPC history of the patient as listed below:

EPC Item No	Completed Yes/No	Date Completed
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GPMP 721

TCA 723

Health Assessment

Home Medicines Review

Mental Health Plan

If unsure please don't hesitate to contact this Practice.

Yours Sincerely,

**Patient**

**DOB**

**Address**

**Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr \_\_\_\_\_

Signed \_\_\_\_\_