CONFIDENTIAL COMMUNICATION FORM	
Name (in Block Capital Letters)	
Date of Birth	
Type of Request (please tick as appropriate)	
□ Prescription collection :	
○ Self: Your 1 <sup>st</sup> line of address	
o Others: Name	
Address	
<ul> <li>□ Appointment request with: Please provide your contact no</li> <li>○ GP</li> <li>○ Nurse</li> </ul>	
☐ Letters/forms (e.g., registration, referrals, medical etc. or specify)	
□ Other (please specify)	
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Parkbury House Surgery strives to improve confidentiality of patients' information. Your personal details will be shredded as soon as your request has been actioned.