Torkard Hill Medical Centre Farleys Lane Hucknall Nottingham NG15 6DY

T: 0115 963 3676

E: nnestccg.admintorkard@nhs.net



Expedite Appointment Request

Full Name	
Date of Birth	
NHS Number	
Address	
Today's date	
Date of original hospital/clinic appointment (if applicable)	
Where/Which department have you been referred?	
When were you originally referred?	
Have you tried to contact the department regarding expediting your referral? If YES please explain what you were advised.	
Please explain why you feel your appointment needs to be expedited?	
Any other comments?	

Please note that this letter is not a guarantee that your appointment will be expediated

Note to secretaries: Form to be directed to the correct department Admin note in tabbed journal when request is sent off