General Patient Correspondence Request Form

Please submit all requests **securely** by email to: **nhsbsa.dentalinsight@nhs.net**

Emailed requests must be sent from NHSmail domains. Please note that NHSmail will remove any encrypted files.

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| **Part 1 - Your details** |
| Your name |  |
| Job title |  |
| Organisation name |  |
| Organisation address |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Cc email address |  |
| Telephone number |  |
| Date |  |

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| **Who is requesting the information/data?***(Please state your title/role and the organisation they are representing)* |
| Name |  |
| Job title |  |
| Organisation name |  |
| PCO Code |  |
| Reasoning for the letter request |  |

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| **Part 2 - About the letter** |

|  |  |
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| Your PCO name |  |
| Contract number & tag of the patients to be contacted |  |
| Provider Name and Number  |  |
| Date letter should be posted |  |
| The charge for this service to be raised via invoice. | *Details relating to the purchase order and invoice to be confirmed once the quotation is available based on your requirements. The quotation will include any associated labour costs.*  |
| Purchase Order Number | *To be advised.* |
| Invoice addressee name |  |
| Invoice postal address |  |

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| **Letter options** |
| Simplex (One side of print per A4 sheet) | Yes / No |
| Duplex\*\* (Two sides of print per A4 sheet) | Yes / No |
| Black & White printing | Yes / No |
| Colour printing | Yes / No |
| Recycled paper type (Off White) | Yes / No |
| Non-recycled paper (White) | Yes / No |

 **2 - About the letter**

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| *Please note: Letters are only sent out via Second Class postage.* |
| *\*\* If duplex is requested for an odd number of pages, an extra blank page will be inserted after each ending page to ensure the next letter starts correctly.* |

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