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Dr. Peter Harrington  
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## GP Letter Request Form

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Number(s):** \_\_\_\_\_

**Please state who the letter should be addressed to:** \_\_\_\_\_

\_\_\_\_\_

**Please state reason for letter:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please state any information that must be stated in the letter:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date request made:** \_\_\_\_\_ **Date required:** \_\_\_\_\_

*(Please allow 1 week turnaround)*

**PLEASE NOTE** that all GP letters attract a €15.00 fee which must be paid before the letter can be released.