

Version [x]

Number of related documents: xx

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Surname, forename(s) **Smith, John Simon** *DOB* dd-mmm-yyyy *NHS No.* 123 456 7890

Gender **MALE / FEMALE**

Tel No. **(0123) 456 7890**

Registered Address **Flat 2a, 123 Generic Street, Just off the Main Square, A Village, Near a town, In a County, AB12 3CD**

Current Tel **(0123) 456 0987**

Current Address **567 New Street, Townville, United Kingdom, TV03 3AB**

Date seen **dd-mmm-yyyy hh:mm**

Date consultation sent **dd-mmm-yyyy hh:mm**

Clinician **Name, role**

Surgery Tel No. **0123 456 7890**

Surgery email **surgeryemail@surgeryname.nhs.net**

Place of consultation **[Name of practice], [Town]**

Clinical notes

[notes]

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Clinical notes

[notes]