Request for patient correspondence pro-forma

Please submit all requests **securely** by email.

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

**Part 1 – About you**

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| **To:** | NHS Information Services – NHSBSA.dentalinsight@nhs.net |
| **Title:** | Click here to enter text. |
| **Name:** | Click here to enter text. |
| **Email address:** | Click here to enter text. |
| **Postal address:** | Click here to enter text. |
| **Tel. number:** | Click here to enter text. |
| **cc:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

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| **Who is requesting the information/data?**  *Please state your title/role and the organisation you are representing.* | |
| **Title:** | Click here to enter text. |
| **Role:** | Click here to enter text. |
| **Organisation:** | Click here to enter text. |
| **PCO Code:** | Click here to enter text. |
| **Reasoning for letter request:**  Click here to enter text. | |

**Part 2 – About the letter**

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| **Your PCO name:** | Click here to enter text. | |
| **The 10 digit contract number(s) of the patients who need to be contacted:** | Click here to enter text. | |
| **Provider Name and Number:** | Click here to enter text. | |
| **Date letter should be posted:** | Click here to enter text. | |
| The charge for this service to be raised via invoice:  (Details relating to purchase order and invoice to be confirmed once quotation is available based on your requirements.) | | | | |
| **Purchase Order Number:** | To be advised | | |
| **Invoice addressee name:** | Click here to enter text. | |
| **Invoice postal address:** | Click here to enter text. | |
|  |  | |
| **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 |
| The total number of A4 sheets required for each letter | |  |
|  | |  |
| Please note: Letters are only sent out via Second Class postage. | |  |
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| \*\*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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| **Once complete, please forward this pro forma to:**  [**NHSBSA.dentalinsight@nhs.net**](mailto:NHSBSA.dentalinsight@nhs.net)  **to receive your quote and next steps.**  **Please note: Your final quote will contain any associated labour costs.** |