Enter service user name and address

Dear Enter name





 

 

 

Signed:

Copies sent to: enter cc. details

Enter your address

Day/Date/Month/Year.

You have an appointment with the **Chronic Fatigue Service**

Your appointment is on:
Day/Date/Month/Year.

at: Time – am/pm.

The appointment is at your house

Your appointment is with:

 Enter name.
(insert photo of staff in box)

If you need to change your appointment, please tell us
Tel: Number

Address: Postage address.