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.