[Your name]

[Your address]

[Your preferred telephone number]

 Date:

[Insert Hospital Address and Department]

Dear Sir/Madam,

RE: [Full Name]

Address:

Mobile: Telephone:

Date of Birth: NHS No:

I was referred to your department for assessment of the following condition:

[Describe your original problem or reason for referral here]

Since my referral, there has been a change in my condition that I feel warrants an expedited appointment. The changed in my symptoms are as follows:

[Brief description of the change in your symptoms since the referral]

I would be extremely grateful if you could consider expediting my appointment in light of this update. Please feel free to contact me directly at the above phone number regarding the outcome of this request, or if any further information is required.

Thank you for your understanding and support.

Yours faithfully,

[Your name]