[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 am writing to enquire about the status of my follow-up appointment / treatment / surgery, which I was informed would be scheduled following my initial consultation. My original referral was regarding the following condition:

[Briefly describe your condition or reason for referral]

I would greatly appreciate if you could provide an update regarding the timeline for my follow-up care. If possible, please inform me of any availability for earlier appointments or the current waiting time or the relevant clinic or procedure.

I can be contacted directly at the above telephone number should further information be required.

Thank you for your time and assistance.

Yours faithfully,

[Your name]