

Your Ref:  
NHS Number: 434 096 1671  
Hospital Number: 11214451  
6 Jun 2018

Enfield Assessment Service  
25 Crown Lane Southgate  
London N14 5SH Tel: 0208  
702 3329 Fax: Email:

**Private and Confidential to be opened by  
addressee**

Mr Simon P CORDELL  
109 Burncroft Avenue  
Enfield  
Middlesex  
EN3 7JQ

Dear Mr CORDELL

You have been referred to our Assessment Service for a New Patient Assessment. Unfortunately, I have been unable to contact you to offer you an appointment.

I am now writing to you to advise you that an appointment has been scheduled for you and the details are as follows:

**Appointment** 1  
**Clinic** Crown Lane Clinic  
**Date/Time** 15 Jun 2018 10:00:00  
**Intended Duration** 60 mins **Clinicians**  
Angela Hague / EIS  
**Address** Crown Lane Clinic, Crown Lane, Southgate, London, N14 5SH

**YOU NEED TO PHONE AND CONFIRM THIS APPOINTMENT WITHIN FIVE DAYS OF DATE ON TOP OF THIS LETTER; OTHERWISE THIS APPOINTMENT WILL BE CANCELLED. PLEASE SEE NOTE BELOW)**

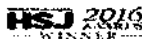
*Please complete the enclosed questionnaire form, this is titled INFORMATION FORM (Consent Form) and ETHNICITY FORM and bring it with you to your appointment, TOGETHER WITH THIS APPT LETTER. You may want a member of your family or a close friend to accompany you when you attend for Assessment. The appointment will last approximately up to 1 hour.*

**Failure to confirm your attendance will result in the above appointment being cancelled and you may be discharged back to your referrer.**

Yours sincerely

Beverley Campbell

CC: GP



For information on how we manage your personal data please visit our full processing / privacy notice on our trust website: <https://www.bethnhs.nhs.uk/privacy-policy.htm> or email: [eths@information@bethnhs.nhs.uk](mailto:eths@information@bethnhs.nhs.uk)