# NHS England col

Our Ref: ASS3

Primary Care Support England

Add Patient Name and Address.

PO Box 350

Darlington

DL1 9QN

Dear Patient Name

**Date**

Dear Patient Name

**Registration with a GP Practice**

I am writing to inform you that you have been registered with the practice detailed below following your request to be assigned due to the problems you have been experiencing in registering at a local practice yourself.

**Your registered practice is:**

practice name at address and telephone number .

The practice is aware of your registration with this practice which came into effect on **DATE**.

Please contact the practice directly for information regarding the services that are delivered and to book any medical appointments or order any prescriptions as required. However, should you have any problems regarding your registration with the practice then please do not hesitate to contact us at the address above.

Yours sincerely

Registrations Department

Primary Care Support England