

## Doctor/Patient Confirmation

I ..... (Doctors Name), Medical Practice Number.....  
hereby confirm that ..... (Patient full name) with Identity  
Number..... is a patient known at my practice/clinic/hospital.

Patient File no: \_\_\_\_\_

For any further queries please contact:

Contact Number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Practice address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Practice address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Doctors Signature

Doctors stamp