*[Practitioner name]*

*[Address line 1]*

*[Address line 2]*

*[Town]*

*[County]*

*[Postcode]*

*[Telephone number]*

*[Date]*

*[GP Surgery]*

*[GP Road Name]*

*[GP Town]*

*[GP County]*

*[GP Postcode]*

Dear Doctor *[GP name]*,

Re: *[Patient name, address, telephone number]*

The above *[lady/gentleman]* has been seeing me for routine foot care for the last *[time period]*. They have said that they get a lot of discomfort from their *[bunion/toe deformities/corns]* occurring on the *[left/right/both first/second/third/fourth/fifth MTPJ / toe]*, which leads to discomfort while *[wearing shoes / walking]*. During her treatment we have discussed the potential for surgical correction of this issue and as they are keen I believe a surgical opinion would be valuable in their ongoing care.

I would therefore like to suggest referral of the patient to Mr Michael O’Neill, an NHS Consultant Surgical Podiatrist at Barts Health NHS Trust, who is available to patients under the NHS Extended Care Network for treatment at the following two locations:

The Thames Valley Spire Hospital The Windsor Diagnostic Centre

Wexham Street 30 Francis Road

Wexham Park Windsor

Berkshire Berkshire

SL3 6NH SL4 3AA

This can be organised either by letter, fax or the e-Referral booking system.

I shall leave them to discuss this further with you.

Many thanks,

*[Practitioner name]*

*[Podiatrist , Private Chiropodist ,Foot Health Practitioner]*

*CC (Patient)*