**Generic practice letter on DWP appeals**

Date:

Dear

**Patient Name:**

**DOB:**

I am appealing the decision of DWP and request medical information to support my appeal.

Could you please supply:

* A summary of my medical record to include all coded significant diagnosis and my current medications. I understand that this will be provided free of charge.
* A letter commenting on my grounds for appeal. I enclose a copy of the original DWP decision and my appeal letter. I understand a charge of £XX will be payable by myself on receipt of this letter.

Yours sincerely,

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Patient signature Print name