



Rectory Meadow Surgery

Accessible Information Communication Format Request Form	
Name	
Address	
Telephone Number	
Date of Request	

Request for Information in an Alternative Format

Please select the format you require below:					
Insert a x into the box of your choice	Large Print	Easy Read	Via Email	Alternative Language	Other (please specify)

Thank you. Please hand your completed form into reception so that we can ensure you have access to information you can understand