(Add your surgery letterhead here)

(Insert date here)

Dear

**RE: Patient Information Leaflet – Concessionary Travel Passes**

You have requested your GP to sign a Concessionary Travel Pass Application Form.

In line with the recommendations from the Department of Transport that health professionals other than GPs should undertake any assessment required, these forms are not completed at this surgery.

We apologise for any inconvenience this may cause you, but attach a form for you to take to the bus company outlining our position.

(Insert your GP names here)