

Patient Details

User ID	DR-IQ-487069
First Name	colin
Last Name	kerr
Reason	Request a Blood Test
Practice Name	The Loxford Practice
NHS Number	N/A
Gender	Male
DOB	29-11-1979 (43 years)
Email Address	colinkerr881@gmail.com
Contact Number	07555 585 417

Consultation Summary

Before we begin, please can you tell us who this e-consultation is for:

This e-consultation is for myself

Please tell me why you need a blood test?

I take a medication that requires monitoring

Please select which medication you are taking

Sodium Valporate

Thanks, please select one of the following

I am due my regular blood test

Thank you for that information. We will generate a blood test form for you to collect by the end of the next working day.

Status	Processed
Submitted Date	14-08-2023 08:03 AM
Processed Date	14-08-2023 08:07 AM
Action By	Iris Popa Clinician
Outcome	Closed in OC
Message	Hello Mr Kerr, Please collect the form for blood test from reception desk.