

Name

Address

Date:

Driver and Vehicle Licensing Agency

Swansea

SA99 1TU

Dear Sir/Madam

I have attended theClinic for investigations of my memory problems. As a driver, I have been advised by Dr (Consultant/Psychiatrist/Clinical Psychologist) and the team, to inform you of this problem.

I have been given a diagnosis of.....

If you need to contact the consultant at the clinic, the address is:

Clinic Address

My driving licence number:

My date of birth:

Yours sincerely

.....

Copy to: Insurance Company

Own Records