

**DLA 65+**

**Mail Handling Site A**

**Wolverhampton**

**WV98 2AH**

DATE:

**Re: Disability Living Allowance**

To whom it may concern,

|  |  |
| --- | --- |
| Patient’s name |  |
| Date of Birth |  |
| National Insurance Number (not essential) |  |
| Address |  |

This patient’s health circumstances have changed. I would be grateful if their entitlement could be reviewed, taking into account the enclosed DS1500.

Yours faithfully,

*Name:*

*Job Title:*

*Organisation:*

*Telephone No:*

*Email:*