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# Application for Approval of Patient Information

**Proposal By:**

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| **Name:** | **Role:** |
| **Contact details:** |

**Proposed Information**

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| **Please provide brief details about the nature of the information contained e.g. introduction/welcome to service/ward or unit, conditions and treatments, operations/procedures, medication:** |

**Objective of pack**

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**Target audience, e.g. service or client group**

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**Relevant Clinical Networks**

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| **CLINICAL NETWORK**  |  |

**Where will the leaflet be distributed? E.g. locality or Trust-wide and estimate of initial print number, possible reprint frequency:**

**Comments from the Communications Dept.**

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**Comments from Peers.**

**Information Pack Format Approved By:**

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|  | **Signature**  | **Date**  |
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