SAMPLE LETTER 2

[Practice Address 1]

[Practice Address 2]

[Practice Address 3]

[Police Firearms Licensing Officer]

Date

Dear Sir,

FIREARMS LICENSING

Re: [PATIENT NAME – DOB]

Thank you for your request for medical information relating to the above named individual for the purposes of assessing them for suitability in issuing them with a firearms certificate.

I refuse to provide the requested report, because it seeks an opinion on matters falling outside my medical expertise, namely assessment of behavioural and personality disorders.

Yours faithfully,