Dr Manu K Lamba
MBBS, LRCP, LRCS, LRCPS, DRCOG
Dr Amrit M Lamba
MBBS, BSc (Hons), AICSM, DRCOG, MRCGP

Colindale Medical Centre
61 Colindeep Lane
London NW9 6DJ
T 020 8205 6798
colindalemedicalcentre.nhs.uk

SICK NOTE REQUEST FORM

PLEASE ALLOW 3 WORKING DAYS FOR COLLECTION

Name: ..... Phone: .....

Date of birth: ..... Date: .....

First date you were not at work due to this illness: .....

Describe your illness and why you need a sick note:

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You can also order your sick note online via NHS App or eConsult (find more information on our website).