Glasgow Royal Infirmary

84 Castle Street

G4 0SF

0141 211 4541

 Date:

Dear APCOA

**Patient’s Name:**

**Ward:**

**Ward Extension Number:**

**Car Registration Details:**

I would be grateful if you could arrange a compassionate car parking pass for the relatives of the above patient who is a palliative care patient in our ward and who is now at the end of their life.

With kind regards

Yours sincerely

Signature of Ward Doctor or Senior Charge Nurse