

REQUEST FOR PROVISION OF PRIVATE LETTER

PLEASE NOTE THERE WILL BE A CHARGE OF £20.00 FOR THIS SERVICE

Payment to be made at the time of request

MEDICALS DIFFERENT CHARGES APPLY - DETAILS FROM RECEPTION

Patient name:

Date of birth:

To whom should the letter be addressed:

Details to be included in letter:

(please be as specific as you can – the more details the better!)

When is the letter required by:

(Please note that a minimum of a ten working days notice is required. Doctors receive numerous requests for private letters and forms, therefore we are unable to guarantee that your letter will be ready by the requested date.)

For Collection / **For Posting** *(please tick as appropriate)*

Patient Consent - I consent to the release of medical information as detailed above.

Signed:

Date:



For Finance

Name.....Emis

Paid Amount £..... Cash/Cheque Staff Initials Date



Receipt for patient

Received £..... Cash/Cheque Received by Date