



*Bringing the community into the practice*

**Non-NHS Request Form (Non-Urgent)**

PLEASE ALLOW UPTO **30 WORKING DAYS** FOR COMPLETION.

Fees start from £50. Cash payment is required.

**Name:**

**Date of birth:**

**Mobile number:**

**Date of request:**

**What are you requesting?** (please tick one)

GP Letter (To Whom It May Concern)	£50	<input type="checkbox"/>	GP to complete a private form	From £50	<input type="checkbox"/>
Admin letter - Confirmation of Registration	£50	<input type="checkbox"/>	Medical Report		<input type="checkbox"/>
Private Referral	£50	<input type="checkbox"/>	Medical Report	From £80	<input type="checkbox"/>

Other please specify.....

**What is the letter or report needed for?** (Please give brief details)

.....  
 .....  
 .....  
 .....  
 .....

**Important Information**

- We can only provide factual information from your medical records.
- Please check the document before leaving when you collect it.
- Refunds cannot be given once you have left the building.

**Patient Declaration**

I confirm that the above information is correct and I understand the terms of this request.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use only:**

Expected Completion Date: \_\_\_\_\_

Payment received:       Receipt number: \_\_\_\_\_

**PLEASE TAKE A COPY TO GIVE BACK TO THE PATIENT**