REQUEST FORM FOR GP LETTER / MEDICAL CERTIFICATES / ETC

PATIENT NAME: ……………………………………………………………………………………………………………………….

DOB: ……………………………………………………………………………………………………………………….

CONTACT NUMBER: ……………………………………………………………………………………………………………………….

**IMPORTANT :** Please note if you are requesting information on behalf of someone else (including family members) we would need their written authority to release any such information to a third party.

FORM DESCRIPTION: (Please provide as much detail as possible to avoid delay)

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***Important - Please read before signing the form:***

*Typical fee for a GP letter £20.00*

*Fee for more complex requests i.e Medical Certificates for travel insurance claims etc £30.00-£63.00 depending on complexity*

*Requests can take up to 4 weeks to process*

 ***Please tick this box if your request is urgent and explain reason for urgency above (an additional charge will apply – up to double the fee)***

*Requests are assigned to a GP on a Monday morning – requests received after 12noon on a Monday will be assigned the following week*

*Payment will be required before forms are released*

*Once the request has been processed you will be contacted to collect*

SIGNATURE : ……………………………………………………………………………………………………………………….

DATE : ……………………………………………………………………………………………………………………….