



First Name(s):	Surname:
Date of Birth:	
Home Address:	
Contact Number:	
Email address:	
Tick whichever of the following statements apply. <input type="checkbox"/> I am the patient. <input type="checkbox"/> I have been asked to act by the patient and attach the patient's written authorisation. <input type="checkbox"/> I am acting in Loco Parentis and the patient is under age sixteen, and (is incapable of understanding the request) / (has consented to me making this request)*. <i>*delete as appropriate.</i> <input type="checkbox"/> I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below). Note: <i>If no, you must provide the patient's written consent to release information along with photo ID, if over the age of 16.</i>	

Please provide a description of what you require:

Section C: Please Tick Service Required

Confirmation of Registration / Private Sick Note / Private Script	£20.00	<input type="checkbox"/>
Hepatitis B (Adult/Child) per dose	£40.00	<input type="checkbox"/>
Private Medical Letter - e.g. (Simple Insurance claim form, Fitness to travel, housing, fitness to exercise, Holiday cancellation, simple questionnaire-not physically seeing patient, etc.)	£50.00	<input type="checkbox"/>
Detailed Insurance Claim Form	£80.00	<input type="checkbox"/>
Private Detailed Medical Report and where Dr does not need to see the patient	£80.00	<input type="checkbox"/>
Private Detailed Medical Report and where Dr does need to see the patient	£130.00	<input type="checkbox"/>
Mental Capacity Assessment Form (Patient seen at practice)	£150.00	<input type="checkbox"/>
Mental Capacity Assessment Form (Patient seen at home)	£250.00	<input type="checkbox"/>
Public Carriage Office (PCO) Form – Dr to see patient Please Note: WE DO NOT DO VISION TEST – This will need to be done privately and will need to be completed prior to GP assessment	£130.00	<input type="checkbox"/>
If none of the above, please attach the form, this will need to be verified by GP/General Manager (A member of the team will contact you back within 72 hours with the fee)		<input type="checkbox"/>

Section D: Must Tick

Routine Service: 30 Days	<input type="checkbox"/>
Fast Track Service: 10 Working Days (<i>this does not include weekends or bank holidays</i>) Additional £20.00 on above fee charged	<input type="checkbox"/>

UPFRONT PAYMENT - NO REFUNDS

Section E: Declaration

Patient's/Requester Signature:	
Name of signed:	
Date:	
*Your information request will start from the date paid	

Admin Staff to Complete ALL FIELDS:

Total Amount due:	£
Emis Number of patient:	
Patients Full Name:	
Patient ID Confirmation: Please state - (<i>Photo ID/ Passport/ Birth Certificate</i>)	
Amount Paid:	
*Date Paid:	
Member of Staff payment taken by:	
Receipt Number:	

Section E: Doctor to complete

Completed <input type="checkbox"/>	Completed by:	Date:
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