



First Name(s):	Surname:
Date of Birth:	
Home Address:	
Contact Number:	
Email address:	
<b>Tick whichever of the following statements apply.</b>  <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)*.  <b><i>*delete as appropriate.</i></b>	
<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**

<b>Copy of Electronic Record</b> To be emailed to you and you are happy to be sent to your personal email account	Free	<input type="checkbox"/>
<b>Online Access To Documents From External Sources</b> (User must have an ACTIVE patient online access account)	Free	<input type="checkbox"/>
<b>Other please specify:</b>	Free	<input type="checkbox"/>

**Section D: Must Tick**

<i>Processed within 30 Days - FREE</i>	<input type="checkbox"/>
Fast Track Service: 7 Working Days <i>(this does not include weekends or bank holidays)</i> <b>£20.00</b>	<input type="checkbox"/>

## UPFRONT PAYMENT - NO REFUNDS

**Section E: Declaration**

<b>Patient's/Requester Signature:</b>	
<b>Name of signed:</b>	
<b>Date:</b>	
<b>*Your information request will start from the date requested, and can take up to 30 days to process</b>	

**Admin Staff to Complete ALL FIELDS:**

Amount Due:	Free <input type="checkbox"/>	£20.00 <input type="checkbox"/>
EMIS Number:		
Patients Full Name:		
Patient ID Confirmation: Please state - <i>(Photo ID/ Passport/ Birth Certificate)</i> <i>Please write down the applicable number</i>		
Amount Paid (if applicable):		
*Date requested:		
Member of Staff taken request:		
Receipt Number (if applicable):		
<b>Please explain to patient it will take up to 30 days for the request to be fulfilled.</b>		

**Section F: Doctor to complete**

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