



**Section C: Please Tick Service Required**

Confirmation of Registration / Private Sick Note / Private Script	£30.00	<input type="checkbox"/>
Hepatitis B (Adult/Child) per dose	£40.00	<input type="checkbox"/>
Private Medical Letter - e.g. (Insurance claim form, Fitness to travel form, housing, fitness to exercise, Holiday cancellation, questionnaire-not physically seeing patient, etc.)	£80.00	<input type="checkbox"/>
Private Detailed Medical Report and where Dr needs 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 <b>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</b> <b>Please Note: If any further information is required after the form has been processed will be charged at an additional £80</b>	£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> ) <b>An additional £30.00 plus the above fee charged</b>	<input type="checkbox"/>

## UPFRONT PAYMENT - NO REFUNDS

**Section E: Declaration:** Please note that we will only provide and support factual information at the discretion of the Medical Director, sign below to confirm you understand this statement.

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

**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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