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| REF NO. |  Private Letter Request Form |
| **Any patient over the age of 16 years will have to provide photo ID and sign for collection of their letter.** |
| Patient Name: | Date of Birth: |
| Address: | Telephone No: |
| Email Address: |

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| **Type of letter required (please tick √ and give brief details)** |
| Confirmation of registration last date only £50 |  |  |
| Confirmation of registration detailed list of dates £75 |  |  |
| Support Letter for Benefits |  |  |
| Proof of Medical Condition |  |  |
| Letter for employer |  |  |
| Letter for Immigration Purposes |  |  |
| Sponsorship Letter |  |  |
| Other |  |  |
| **Please state clearly below who the letter is for and who it should be addressed to:** |
| Company Name: |  |
| Contact Name:  |  |
| Address: |  |
| Please provide details of the information to be included in the letter \*\*\*(please note this information can only be included at the GP’s discretion and according to you medical notes.)\*\*\*\* |
| **If the GP is on leave we will not be able to commit to the timescales stated below -** |
|  | Length of time agreed (Staff only tick box) | **State the reason if the letter is required urgently** |
| URGENT ( 1 to 2 weeks) |  2 weeks |  |
| ROUTINE (4 weeks) | 4 weeks |  |
| Signed by Patient: |

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| **For Office use Only** |
| Staff Name |   |
| Authorising signature(GP)  |   |
| **Payment Information (please tick √ if agreed advance payment or on collection)** |
| Agreed payment amount  | £  | Payment in advance  |  | Balance on collection |  |
| Date payment received |   |
| Confirmation – Letter received by patient  | Patient Signature: Date: |