|  |  |  |
| --- | --- | --- |
| 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: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | |