

PATIENT LETTER REQUEST FORM

Work of this nature is **NOT** covered by General Medical Essential Services and is therefore **CHARGEABLE**, There is also a wait time of **6 WEEKS** for this to be processed

PLEASE COMPLETE BELOW AND QUESTIONS OVERLEAF FOR YOUR REQUEST

PAYMENT IS REQUIRED UP FRONT - you will receive a receipt for payment from reception

PATIENT LETTER TYPE	COST	TICK
PRIVATE CERTIFICATE (if required within 7 days self-certification period)	£35	
PRIVATE LETTER (Please note we can only state facts from the patient's medical records)	£35	
FORMS / OCCUPATIONAL HEALTH	£35	
FIRE ARMS LICENCE	£50	
HOLIDAY CANCELLATION FORM	£35	
TAXI / HGV WATERMAN'S MEDICAL	£120	
PRIVATE CONSULTATION	£105	
POWER OF ATTORNEY FORM	£150	
AH MEDICAL (Fostering / Adoption)	£80.47	
AH MEDICAL FORM (Fostering / Adoption)	£40.23	
PRIVATE REFERRAL	£0	
COPY OF PATIENT'S OWN NOTES * (SAR form to complete)	£0	

*Reception will provide you a **SUBJECT ACCESS REQUEST FORM** to complete

** Due to the GDPR Data Protection Act 1998 which commenced on 25 May 2018 a medical report/record that already exists will be accessible for free, as a 'Subject Access Request'. A 'reasonable fee' **can** be charged for this, if the request is manifestly unfounded or excessive; this will be reviewed on a case-by-case basis.

CASH You will receive a hard copy receipt

CARD Email Address for Electronic Receipt: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

PATIENT SIGNATURE: _____

PLEASE COMPLETE QUESTIONS OVERLEAF TO COMPLETE YOUR REQUEST

In your own words explain the main reasons that you require this letter?

What do you believe to be your main medical problems?

What impact does your health have on day to day life or this specific issue?

FOR OFFICE USE ONLY:

Oakfield Employee: _____

Form Fully Completed: **YES / NO**

Date Received: _____

Fee Amount Received: _____ Cash / Card