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| **Request for Non NHS Services** | Doctor you usually see  |

**Please ensure you read the attached information leaflet before completing this form.**

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| --- | --- | --- | --- |
| First Name |  | Surname |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Date of Birth |  |
| e- mail address |  |
| Post Code |  | Telephone Number |  |

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| Please provide details of the work required in the box below. If you are requesting a letter, please advise who or what organisation the letter is for. |
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| Please list below any documents you are handing in with this form |
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| I agree to pay the appropriate fee for this service (guideline prices are listed in the attached form). I also understand that if the practice cannot perform the work I will be notified. |
| Patient’s signature |  | Date |  |

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| **If the work requested is more complex than usual, and will therefore cost more than the minimum fee listed on the attached form, we will notify you before carrying out your request.** |
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| **Practice use only** |
| **Date received & initials** | **Standard price** | **GP review****(please tick)** | **GP time to complete** **(if price to be amended)** | **Date patient agreed to amended price** |
|  |  | **Price approved** |  |  |  |
| **Price to be amended** |  |
| **Notes** |
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