**PATIENT REQUEST FOR COMPLETION OF LETTER/FORM**

**To be completed by/on behalf of patient:**

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| PATIENT NAME: |
| DATE OF BIRTH: |
| ADDRESS:EMAIL ADDRESS:(for the invoice to be forwarded to) |
| DETAILS OF REQUEST (OR FORM PROVIDED):* **Once the doctors has considered your paperwork an invoice will be forwarded to you**
* **We require advance payment in full**
* **Please also note that NHS work will always be given priority over non-NHS requests so please allow a minimum of 3 weeks to be processed**
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| PATIENT SIGNATURE: |
|  |
| DATE: | MEMBER OF STAFF RECEIVING FORM: |
| Office use only:* Completed request form and any associated paperwork to be placed in admin basket.
* Finance manager will let admin know when payment has been received.
* Additional copies – Intranet – admin - reception documents – patient request for completion of letter/form
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August 2024