**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** | |
| 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