

PATIENT REQUEST FOR COMPLETION OF LETTER/FORM

To be completed by/on behalf of patient:

| | | | |
|---|-----------------|--------------------------------------|----------------|
| PATIENT NAME: | | DATE OF BIRTH: | |
| ADDRESS: | | | |
| EMAIL ADDRESS: (for the invoice to be forwarded to) | | TELEPHONE NO: | |
| DETAILS OF REQUEST (OR NAME OF FORM PROVIDED): | | | |
| <ul style="list-style-type: none">- Please note that the minimum fee for any private work is £50.00- 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 | | | |
| FOR OFFICE USE ONLY | | | |
| DATE: | | MEMBER OF STAFF RECEIVING PAPERWORK: | |
| EMIS Number: | | | |
| <ul style="list-style-type: none">▪ Completed request form and associated paperwork to be stapled together and placed in secretarial basket▪ Secretarial team to advise the doctor of the request and then determine whether request agreed▪ If agreed: Secretarial team to check fee and then send invoice; fee to be recorded on private income log▪ If declined: Secretarial team to notify patient and note in clinical record▪ Finance manager to advise secretarial team once payment is made▪ Paperwork to then be forwarded to the appropriate doctor for completion and note in clinical record | | | |
| File copy | Date forwarded: | GP Receiving paperwork: | Date Returned: |