

Patient Request Form for Doctor Letters

All letters **incur a fee** and this will be advised when form is handed in to reception.

Name: _____ **Date of Birth:** _____

Contact No. _____

GP best to complete request: _____

(For example, a GP you have discussed this with or have seen most recently)

Reason for Request

(Please tick last column and give details if applicable)

School Letter	Name of School: Teacher who advised letter:	
University Letter		
Work		
Bin Collection		
Travel Insurance	Date insurance bought: Date trip booked:	
Other Insurance	Type:	
Driving Licence Medical forms – DVLA pay via payment form supplied by patient		
Other (please specify)		

The practice cannot certify a driving licence photo
Jury exemption letters do not incur a fee
HGV/PCV Driving Medical forms require a double appointment
Letters for Court **must be** requested through a solicitor
The housing Executive will write directly to a GP if they require a letter
If you require access or copies of your notes – this is a separate form

NB

- Most letters and forms are private work and not provided on NHS. The practice must complete NHS work as a priority.
- We will endeavour to have this completed within 5 working days.
- If a letter is requested and not collected within two weeks of completion, it will be destroyed
- The information provided on this form is used by the GP to complete your request.

- Should you then request further information or a letter edited with information not provided, you may incur further fee.

Please write below any relevant health matters you wish included in the letter. Specify any relevant dates applicable e.g. absence of travel

If there is a lack of information provided this will **delay** your letter/form

The GP may contact you to clarify any matters.

Patient Signature: _____

Date: _____

Office Use

Date stamp:

Initials: