

**PRIVATE REQUESTS FOR GP SERVICES  
(LETTERS / FORMS ETC)**

Patient Name:	
Date of birth:	
To whom should this letter be addressed (if known):	
Details to be included in letter: <i>(please be as specific as you can – the more details the better)</i>	
When is the letter required by Date:	<i>Please note that a minimum of twenty eight working days' notice is required. Doctors receive numerous requests for private letters and forms, therefore we are unable to guarantee that your letter will be ready by the requested date:</i>
<b>Patient Consent</b>	
I consent to the release of medical information as detailed above.	
Signed:	
Date:	
Please return to Reception	
Reception use only: Logged on EMIS?:	Y/N
Date:	By (name PRINTED):