

Long Furlong Medical Centre
45 Loyd Close | Abingdon | Oxon | OX14 1XR

PRIVATE REQUESTS FOR GP SERVICES
(LETTERS / FORMS ETC) Please return to Reception

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>
Patient Consent	
I consent to the release of medical information as detailed above.	
Signed:	
Date:	
Bank Details:	Long Furlong Medical Partnership Natwest Bank Account: 08630623 Sort code: 60-01-01
Reception use only: Logged on EMIS?:	Y/N
Date:	By (name PRINTED):
Payment taken:	Y/N