

# Castlegate Surgery

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Dr Giles Pratt

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## Private Services Request Form

### **Explanatory note:**

This form should be used when a registered patient requests private services eg certificates of fact, private health insurance validation forms, fitness to travel/act/exercise, letters for housing, letters to employers/solicitors etc.

The practice charges a fee according to recommended BMA rates for services that are not covered by the NHS. The current fees can be checked at reception or on our website. The fee covers the doctor's time, administration and professional responsibility. You should allow 10 working days for completion.

For medico-legal reasons written consent is required prior to the release of information from a patient's medical record. The form below, once completed, satisfactorily covers the medico-legal obligations of all concerned.

**Patient's Details:** Name: .....  
DoB: ..... Tel no: .....  
Address: .....  
.....

**Please describe what is required from the doctor:** e.g. letter to school, letter to employer etc  
.....

**Please describe what information it should contain:** (be as specific as possible)  
.....  
.....  
.....

**To whom should this be addressed:** (be as specific as possible, give name and full address)  
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.....  
.....

### **Patient's/ Guardian's Declaration:**

I give consent for information from my/ my child's medical record to be revealed to the addressee named above.

I AM AWARE THAT A FEE IS PAYABLE ON COMPLETION ..... [ ]

Cheques should be made payable to Castlegate Surgery.

**Name (Print)** ..... **Signed** ..... **Date** .....  
*Once completed please return this form to reception.*