**INVERKEITHING MEDICAL GROUP**

**REQUEST FOR A PRIVATE LETTER OR FORM COMPLETION**

Top of Form

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (BLOCK APITALS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to request: (please tick) –

***PLEASE NOTE – ALL FEES MUST BE PAID AT THE TIME OF REQUEST***

***A “to whom it may concern” letter - £30***

***Jury Excusal (NO FEE)***

***Holiday Cancellation Form - £50***

***Other form/letter– please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

(We will advise you if there is a fee for this work)

Reason for request

|  |
| --- |
|  |

I would like to collect this letter/report from: (delete as necessary)

Inverkeithing

Dalgety Bay

e-mailed to me (I acknowledge that emails to a private mailbox are not secure

I understand there is a fee for this non-NHS work and that the letter or report could take up to 2 weeks to prepare

Bottom of Form

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Practice Action***

Fee Paid

Fee book updated

Passed to GP for action

Completed – patient informed