



Receptionist :
Doctor :

**125 Alexandra Park Road
London N22 7UN
Tel 0208 888 2518
Fax 0208 888 3815**

E mail: alexandrasurgery@nhs.net

Dear Patient,

When you request your General Practitioner to write a letter/ fill a form on your behalf, the doctor requires some important details.

Please include the following information 1 to 11 fully in your request note. If you prefer, you may fill out this form, sign and return it to reception.

WHO YOU ARE

- 1. Your Full Name:**
- 2. Date of Birth:**
- 3. Your Address and Postcode:**
- 4. Your Telephone Number:**

TO WHOM WE SHOULD ADDRESS THE LETTER/ FORM

- 5. Recipient's Name:**
- 6. Recipient's Address and Postcode:**

PATIENT CONFIDENTIALITY – DECLARATION

- 7. "I consent to my medical information to be disclosed to the above named person/ company/ governing body." (Please copy sentence into your request note)**

INFORMATION TO BE INCLUDED

- 8. Please state in a few lines the reason for your request (for example, cancelling a holiday)? and**
- 9. What you would like included in the letter/ form?**

10. Signature:

11. Date of request:

It can take up to **3 weeks** for a letter/ form to be ready. You may then collect it from reception. There is a charge for this service, which can be paid in cash or by cheque when you come to collect the completed letter/ form. Please ask reception for details.

INVOICE
(for office use)

Patient's name:

In respect of: (name of document requested)

Fee (Payable on collection of the completed letter/ form):

Alexandra Surgery 2017