

THE FAIRFIELDS PRACTICE REQUEST FOR PRIVATE MEDICAL

NAME:
DOB:
ADDRESS:
TEL:

Type of medical requested taxi / HGV / Employment / other
Any other details regarding medical - please state date medical is needed by
Do you have the forms that need to be completed? Please ensure that you bring them to the medical appointment.

I confirm my consent to for the above medical report to be completed :

Signed: Date:

Please note this is not an NHS service and that a fee is payable in advance. The fees for a Taxi Medical is £70, and an HGV is £90, for other medicals we will advise on the cost.

Please see link for further information -

<https://www.bma.org.uk/advice/employment/fees/why-gps-charge-fees>

OFFICE USE ONLY Emis no: -	Date	Signed
Request Received and pt informed of fee:		
Fee paid		
Appointment date /time / GP		
Date pt informed of appt		