

# THE FAIRFIELDS PRACTICE REQUEST FOR SUPPORTING LETTER / FORM

NAME:
DOB:
ADDRESS:
TEL:

Name of Person / Organisation supporting letter / form to be addressed to:-
Details of supporting letter / form to be completed (please include what is required in letter and any timeframe):-

**I confirm my consent to provide the above information to the above person / organisation:**

Signed: ..... Date: .....

**Please note this is not an NHS service and that a fee is payable in advance.**

**For most supporting letters / forms the fee is £25.00, we will advise if different.**

**Please see link for further information -**

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

I confirm receipt of supporting letter / form:

Signed: ..... Date: .....

OFFICE USE ONLY	Date	Signed
<b>Emis no:-</b>		
Request Received and pt informed of fee:		
Fee paid		
Patient inform report / letter ready to collect:		