



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:

We will review your request and then the doctor will then aim to complete this within one month.

Please note this is not an NHS service and that a fee is payable in advance, we will review the request and will contact you to advise of the fee, payment is CASH ONLY. Please see website for fee list <https://www.fairfieldspractice.nhs.uk/wp-content/uploads/sites/589/2023/03/Private-Fees-2023-2.pdf>

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
Request received		
Patient informed of fee		
Fee paid		
Patient informed report / letter ready to collect		