



**Patient Letter or Report Request (Private)**

Full Name	
Contact Number	
Address	
Email	
Date of birth	

Is this request for you?

Yes		No	
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If you answered no, please ensure you complete the attached consent form

Report type	
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Fee Payable £	
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Please refer to fee schedule at the end of this document

Fee paid by:

Bank Transfer		Cash	
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Bank Transfers should be paid to:

Penceat Medical Limited, Account Number 42626845, Sort Code 40-05-16

Please use your surname as the reference

Terms & Conditions that you accept in making this request:

- Once you submit the form we will confirm the fee
- Both the form and the fee must be received prior to us commencing the work
- Please either type the form or write in block capitals
- The form must be completed in English, we cannot assist with form completion
- The fee is non-refundable
- Please make sure your request is clear and detailed, if you have a report form please attach
- We cannot guarantee the content of a letter or report; we have to provide objective information based on your request
- Forms filled in incorrectly or without sufficient information will be returned
- We cannot amend reports or letters once they are written. If you require changes you will need to fill in a new request and pay the fee again (unless we have made an overt factual error in our original)
- We will always try and complete your request as soon as possible, but private requests are secondary to our NHS work.
- We will always try and revert within 30 days but this cannot be guaranteed.



**Nature of Request**

Please describe:

- Who the letter or report is for
- What the purpose is
- Any relevant information that you wish taken into consideration

Any other relevant information:

Signed

Date



**Third Party Consent Form**

Our organization can only share your information if we have your consent to do so. Please complete this form to allow a nominated person or organisation (third-party) to request information on your behalf. You must carefully consider what information they may learn about you as a result. If you are unsure about giving third-party consent, you are strongly advised to seek appropriate legal advice before proceeding. The granting of consent will only be used for the specific purpose of responding to this enquiry.

**Patient Details**

Full Name	
Contact Number	
Address	
Email	
Date of birth	

**Nominated Person/Third Party Details**

Full Name	
Contact Number	
Address	
Email	

- I want to nominate the person or organisation named above to receive the information requested about me.
- This will include receiving personal and sensitive information about me.
- In signing this form, I accept any risks associated with providing third-party consent.
- I understand I can restrict or withdraw my consent at any time by confirming this in writing.

Signed	
Date	



## Fee Schedule

Request	Fee
Accident or Sickness Insurance letter (without examination)	£ 100
ARMY/Police/Employers medical report	£ 200
Blue Badge examination and report	£ 100
Child-minder health form	£ 100
Firearms license/report	£ 250
Fit to Exercise report / Marathon report	£ 100
Fitness to Travel letter (including face to face appointment)	£ 100
Freedom from Infection letter	£ 60
Freedom from Infection letter (including any required testing)	£ 100
Freedom Pass	£ 50
Full medical to determine fitness to hold LGV/HGV/Taxi	£ 200
Hepatitis B (single shot)	£ 50
Hepatitis B for Employment Purposes (course of 3 injections)	£ 100
Holiday Cancellation Insurance forms	£ 100
Insurance reports	£ 150
To Whom It May Concern letter (see restrictions)	£ 100
Unspecified report request (price from...)	£ 150

### Restrictions:

We are only able to provide factually correct information from the medical record

Requests may be rejected by the clinician if deemed inappropriate

We are unable to provide letters to support housing and immigration applications or confirming proof of address