

PRIVATE WORK APPLICATION FORM

Please note that we do not sign passport or driving licence applications or photos and we will not confirm fitness to exercise, fly, drive, parachute jump, dive or climb mountains.

There are times when our Doctors are asked to provide things outside of the contractual obligations with the NHS. These include reports and services where the doctors may set their own fees.

We ask that you complete the boxes below with as much information as possible to help us calculate the cost for you.

The Medical Secretaries can be contacted for assistance if you need help completing the form; Option 4 on our main telephone menu during their working hours.

We will check your application and confirm the cost of the service you have applied for.

Once you have signed this form **and** paid the fee, we will aim to complete your request for Private Medical work within 20 working days. This timescale commences once all necessary consents and payments have been received.

PLEASE ENSURE THIS TIMESCALE IS SUITABLE BEFORE YOU COMMIT PAYMENT AS REFUNDS WILL NOT BE POSSIBLE ONCE REQUEST IS UNDERWAY.

If you have any special circumstances you would like us to be aware of, please include these below. If there is likely to be a delay of any sort, we will usually telephone you to keep you informed.

Your signature consents to release of information to a third party (where you have requested this) and acceptance of the fee to be incurred.

PLEASE RETURN THIS FORM (ONCE SIGNED) TO THE ADDRESS ABOVE

| | | |
|---|--------------------------------------|--|
| Patient/Company Name: | Address: | Contact Tel number: |
| Private Work required, in your own words: | Reasons for work, in your own words: | Patient/Company signature: Date Signed: |

BELOW THIS LINE IS FOR PRACTICE USE ONLY:

Fee checked by DF/Secretaries :

Patient Notified of Fee by: Telephone Letter Email

| | | |
|-------------------|--------------------|----------------------------|
| Work Assessed as: | Assessment of Fee: | Date Signed Form Returned: |
| Date Completed: | | |