

The Royal Docks Medical Practice

Request for Private Letters /Medical Reports

SECTION A- REQUESTERS INFORMATION		
Family Name(surname)	Given name(s)	Date of Birth
Home address		
Contact Number (including area code)		
Are you requesting information on your behalf - please tick		
YES	NO	
<i>Note:ifno, you must include patients written consent to release information</i>		
SECTION B - INFORMATION REQUEST		
WHAT ARE YOU REQUESTING FOR ? PLEASE TICK		
CONFIRMATION OF REGISTRATION	MEDICAL QUESTIONNAIRE	MEDICAL REPORT
COMPUTER RECORDS	COPIES OF RECORDS	PRIVATE LETTER
INSURANCE CLAIM FORM	PRIVATE HEALTHCARE FORM	HOLIDAY CANCELLATION FORM
Other (please specify)	other fee dependant on doctor	
FEES (CASH ONLY)		
£48-£110 Medical Report		
£25 insurance claim forms		
£48-£110 medical questionnaire		
£25 Private Health Claim Form		
£15- confirmation of registration		
£25 Holiday cancellation form		
£10- computerised records		
£25 Private letter		
£25 - Freedom Pass		
£50 Copies of records(incl computerised records)		
Section C : What is the Information needed for ? Please tick		
Patient	Employee	Solicitors
Home Office	University	school

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DVLA	Insurance Company	Travel agent
DWP	Blue Badge Renewal	Housing
Other (please specify in section D)		
Section D:Summary of Request		
Please provide a brief description for the reason for the above request		
and the Name & address of the recipient		
section E - declaration		
I hereby confirm that I am the named patient specified in section 1		
and agree to the release of this medical information		
Patients signature		Date