Longfield Medical Centre
01621 876433 longfieldmedicalcentre.nhs.uk

PRIVATE MEDICAL & INSURANCE LETTER REQUEST FORM

PAYMENT IN FULL IS REQUIRED WHEN SUBMITTING THIS FORM

and can be made with cash or card.

OFFICIAL USE ONLY:			
Balance to be Paid:	£	Payment Details:	CASH or CARD

Patient Details:

Name:		Date of Birth:	
Address:			
Post Code:			
Tel. No:			

Please provide as much details as possible of the content required in the letter:

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For Private Sickness Certificate Only:

Date Certificate From:		Date Certificate To:	
Reason:			

I, the undersigned, accept that FULL PAYMENT IS REQUIRED BEFORE ANY WORK IS COMMENCED.

PLEASE ALLOW 10 WORKING DAYS FOR COMPLETION AFTER BALANCE OF PAYMENT IS RECEIVED.

THE DOCUMENT(s) SUPPLIED BY THE SURGERY WILL BE THE RESPONSIBILITY OF THE PATIENT/PATIENT'S REPRESENTATIVE AFTER LEAVING THE SURGERY PREMISES.

Patient Signature:	
Date:	