**working better together**

**improving the health of our patients**

**Private To Whom It May Concern Requests**

Thank you for requesting a private To Whom It May Concern letter.

Please complete this request form and return it to Reception along with a payment of £25 in cash. This **will** be required before any requests are fulfilled.

Name:

Date of birth:

Address:

Who the letter is for:

What details are required (please include any dates and continue on the back if required):

Have you discussed this with a GP (please provide details, including date):

Patient signature:

Date:

Please note a GP appointment may be required.

Once the request has been accepted and payment is made, please allow up to 5 working days for completion.

 If an urgent request is required, please note this **will** incur an extra charge if we are able to accommodate this request.