

King Street Surgery

Non-NHS work request form

| Section 1: Patient details | | Title (Mr, Mrs, Ms, Dr): | |
|---|--|--------------------------|--|
| Forename | | Surname | |
| Date of Birth | | Telephone | |
| Address | | | |
| E-mail: | | | |
| Section 2: service requested | | | |
| | | | |
| Section 3: Patient declaration and signatures | | | |
| <p>I understand that the service(s) I have requested are not funded by the NHS and I accept the fee(s). I have been advised of any potential additional costs, the terms and conditions of the service and the circumstances in which a refund may be applicable.</p> <p>I understand that the (non-NHS) private work can take up to 6 weeks from receipt of payment although I will be notified if it will take longer.</p> <p>I understand the payment method is Bank transfer. The card payment is not accepted</p> | | | |
| Requester signature | | Date | |
| Requester name: | | | |

For further information please visit on non -nhs work, please visit our web site:

<https://kingstreetsurgery.co.uk/non-nhs-work-2/>



Only for office use.

| Date request received | Our reference | Invoice No. and date raised | Payment received on | Date Passed to GP | Due back from GP |
|-----------------------|---------------|-----------------------------|---------------------|-------------------|------------------|
| | | | | | |

A copy of this completed form is to be scanned and retained.