**Private (non NHS) Services: Letter or Certificate Request**

Please read carefully before completing fully and signing.

Dear Doctor

Please would you consider completing the following for me:

* £30 – A Private Medical Certificate (eg. To cover absence from work)
* £35 – A Private Letter (To Whom It May Concern, confirmation of medical conditions)
* £35 – A Certificate (eg. fitness to travel, attend gym)
* £40 – Completion of a Questionnaire (eg. gym, holiday cancellation)
* Other ………………………………………………………………………..

Additional Fees:

* I understand that this work may take a minimum of one week to complete from the date of payment unless I agree the following:
* Please aim to complete this work within 1 week for a £5 surcharge
* I understand that if the work is more complex, an additional fee may be charged, and I have a choice to either (a) reduce the complexity of the work or (b) to pay this additional £10 fee.
* I understand that I may request revisions to any document produced only on payment of an additional fee £10 fee.

I have paid the fee(s) indicated above (please make cheques payable to ‘Carepoint 2’), which is not refundable unless the work is not undertaken. I understand that you may choose not to undertake this work at all, as it is not an NHS service. If, for whatever reason, you do not complete the work, I understand you will refund my fee.

I have been asked to request this report by/for ………………………………………………….

I enclose a letter/details from them/myself detailing precisely what information is required and why. I understand that without this, you may decline to undertake this work. I understand that you will only be able to include in your report information that is already on my medical record. I understand that this report does not guarantee success in any application or appeal I choose to use it to support.

I understand that I may provide feedback about this service directly to your practice manager as the NHS complaints procedure does not apply.

I have read and understood the above information and accept these conditions.

Signature ………………………………………………      Date …………………………….
Name ………………………………………………………    Date of birth ………………………