

THE WATERLOO PRACTICE

Waterloo Health Centre,
Wakefield Road
Waterloo, Huddersfield HD5 9XP
Tel: 01484 500977

Dr. H.A.A. NAZARETH
Dr. F. HAMEED
Dr. H.W.J. FRANKLAND
Dr. F. IHSAN
Dr. Z. AHMED
Dr. F. HASSAN

PATIENT REQUEST FORM

If you would like to request a medical report, letter or form to be completed by your GP then please enter the details below:

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Patient Surname:	Patient Forename/s:
Patient DOB:		
Requester name (if different to above):	Requester contact no:	
Type of request:		
Description of your request: <i>(If your request is for a support letter or medical report please include as much information as possible to help your GP locate and supply the information you need. If you require the information following a request from someone else/a company please provide us with this information and if possible a copy of the request)</i>		

Patient Declaration (delete as appropriate)

- I agree that I have been advised of the fee quoted below and that I will collect the finished document from the surgery and pay any charges made for this service at that time, less the deposit. I understand that when I collect the document I must provide a form of ID and a copy of this form.

Requester Declaration (delete as appropriate)

- I agree that I have been advised of the fee quoted below. I have acted on behalf of the above patient who has full knowledge of this request and I understand that the surgery will contact the patient to confirm this request and arrangements for collection of the finished document. I will retain a copy of this form to pass to the patient if necessary.

Fee quoted – up to £..... Non refundable deposit paid £.....

Date advised to contact us for an update: / /

Signature..... Date: / /

Patient / Requester Name.....

Office Use Only:

Staff dealing with the initial request Date: / /