



Patient Letter or Report Request (Private)

Full Name	
Contact Number	
Address	
Email	
Date of birth	

Is this request for you?

Yes		No	
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If you answered no, please ensure you complete the attached consent form

Report type	
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Fee Payable £	
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Please refer to fee schedule at the end of this document

Fee paid by:

Bank Transfer		Cash	
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Bank Transfers should be paid to:

Penceat Medical Limited, Account Number 42626845, Sort Code 40-05-16

Please use your surname as the reference

Terms & Conditions that you accept in making this request:

- Once you submit the form we will confirm the fee
- Both the form and the fee must be received prior to us commencing the work
- Please either type the form or write in block capitals
- The form must be completed in English, we cannot assist with form completion
- The fee is non-refundable
- Please make sure your request is clear and detailed, if you have a report form please attach
- We cannot guarantee the content of a letter or report; we have to provide objective information based on your request
- Forms filled in incorrectly or without sufficient information will be returned
- We cannot amend reports or letters once they are written. If you require changes you will need to fill in a new request and pay the fee again (unless we have made an overt factual error in our original)
- We will always try and complete your request as soon as possible, but Private requests are secondary to our NHS work.
- We will always try and revert within 30 days but this cannot be guaranteed.



Nature of Request

Please describe:

- Who the letter or report is for
- What the purpose is
- Any relevant information that you wish taken into consideration

Any other relevant information:

Signed

Date



Third Party Consent Form

Our organization can only share your information if we have your consent to do so. Please complete this form to allow a nominated person or organisation (third-party) to request information on your behalf. You must carefully consider what information they may learn about you as a result. If you are unsure about giving third-party consent, you are strongly advised to seek appropriate legal advice before proceeding. The granting of consent will only be used for the specific purpose of responding to this enquiry.

Patient Details

Full Name	
Contact Number	
Address	
Email	
Date of birth	

Nominated Person/Third Party Details

Full Name	
Contact Number	
Address	
Email	

- I want to nominate the person or organisation named above to receive the information requested about me.
- This will include receiving personal and sensitive information about me.
- In signing this form, I accept any risks associated with providing third-party consent.
- I understand I can restrict or withdraw my consent at any time by confirming this in writing.

Signed	
Date	

**Fee Schedule**

Request	Fee
Accident or Sickness Insurance Certificate (without examination)	£50
ARMY/Police/Employers medical report	£100
Blue Badge Examination and Report	£50
Blue Badge Report only	£50
Certificate of Fact	£50
Character Reference (shotgun license etc.)	£50
Child-minder Health Form	£100
DVLA	Set by requestor
Fit for Exercise Report	£50
Fitness to travel Certificate (inc F2F)	£100
Form AH/AH2 (Adult Health Report/ Assessment for prospective carer)	£100
Freedom from Infection Certificate	£50
Full medical to determine fitness to hold LGV/HGV/Taxi	£150
Full medical to determine fitness to hold LGV/HGV/Taxi + eye test	£180
GP Report for Insurance Applicants	£150
GP Supplementary Reports	£50
Hepatitis B (Single shot)	£50
Hepatitis B for Employment Purposes (course of 3 injections)	£100
Holiday Cancellation Insurance Forms	£100
Insurance reports	Set by requestor
Medical Report for Private Health/Life Insurance Application or Claim	£100
Patient or solicitor record request (SAR)	Free
Private Sick Note (Incapacity Certificate)	£50
Reports for government departments e.g. DWP	Set by requestor
School Fees/Holiday Insurance Certificates	£50
Sick note—Complex Private Medical Certificate	£100
To Whom It May Concern Letter	£50
To Whom It May Concern Letter Complex	£100
Unspecified report request	£150
Validation of Private Medical Insurance (PMI) Claim Form	£50