IVEL MEDICAL CENTRE

Private Letter Request Form

To Whom It May Concern (TWIMC)

Please complete this form using brief and relevant information only.

Patient Details

Full name: _____

Date of birth: _____

Contact number: _____

Type of Letter Required

Please tick the relevant option:

- Housing
- Employment
- Education
- Travel
- Confirmation of medical condition(s)
- Confirmation of medication
- Other: _____

Details of Request

What do you need the letter for?

_____

_____

What medical information do you need the GP to confirm?

_____

_____

_____

Date required (if applicable): _____

Completion by a specific date cannot be guaranteed.

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Patient Declaration

By signing this form, I understand that:

- The minimum fee for a basic private letter is £35. Additional charges may apply.
- Payment must be made in advance by cash.
- The turnaround time is a minimum of 6 weeks and may be longer.
- The GP will determine the final content and wording of the letter.
- Information must be supported by my medical record or appropriate clinical evidence.
- Payment does not guarantee that specific wording or medical opinions will be included.
- Subsequent amendments or additions may incur further charges.

Signature: _____ **Date:** _____