



Cleveland Health Centre
 20 Cleveland Square
 Middlesbrough
 TS1 2NX

Tel: 01642 210220

REQUEST FORM FOR A TO WHOM IT MAY CONCERN LETTER/LETTER FROM GP

This form must be completed in blue or black ink and signed in order for us to process your request.

Section 1 – Patient Details

Surname:		Maiden Name:	
First Name:		Title: Mr, Mrs, Miss, Ms, Mx	
Date of Birth:		Address:	
Telephone Number:		Postcode:	
Signature:		Date:	

Section 2 – What information would you like to be included in the letter

Who is the letter for:	
What is the letter regarding: Is the letter regarding a specific condition, if yes what condition:	
Any additional comments or information: <i>If someone is collecting this on your behalf please enter their full name here.</i>	

**LETTERS CAN TAKE UP TO 20 WORKING DAYS TO PROCESS AT A CHARGE OF £20
 OR £30 FOR AN URGENT LETTER WHICH TAKES UP TO 10 WORKING DAYS**

**THEY WILL BE KEPT FOR THREE MONTHS ONCE COMPLETED AND THEN DESTROYED IF NOT COLLECTED.
 NO REFUND WILL BE GIVEN FOR NON COLLECTION.**

PHOTO ID MUST BE SUPPLIED ON COLLECTION.



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FOR ADMIN USE ONLY:

Name of staff member who accepted form: _____

Date form was accepted: _____

Please check all details are correct at time of accepting the request and advise patient of timescale, fee, and to bring a copy of photo ID on collection.

CHECKLIST:

Please tick

Form checked

Receipt given to patient and one in petty cash

Documented in notes fee paid

Once all of the above have been done please give this to the Medical Secretary.
Thank you