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|  | Central SurgerySawbridgeworth |

# Medical Report Information Form

##  Patient Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | DOB: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  |  |  |

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|  |  |  |  |

 Mobile: Telephone: Email: I

If you wish to consent to SMS texting service, please sign the declaration below:

**I CONSENT to the practice contacting me by text message for the purpose of health information, appointment reminders and test results.**

I acknowledge it is my responsibility to inform Central Surgery of any change in my mobile number or if the number is no longer in my possession.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sign: |  |  |  | Date: |  |

##  Medical Report Process

As your request is considered private work there will be a **fee** for the completion of this report. Within a week of receiving your request, we will send you an invoice with details of the associated fee and methods of payment. Please tick one of the boxes below to inform us how you would like to receive this invoice.

[ ]  Mobile

[ ]  Email

[ ]  Letter

Please note we require payment prior to us forwarding your request to the GP. As we do not regularly check our statements, please contact us on 01279 603180 (option 4) after 11am or email us at centralsurgery@nhs.net to inform us you have made payment. Once we have been contacted by you, your request will be forwarded to the GP. You must allow 2-4 weeks for completion of reports as this work is done outside of practice time and GPs often need to read your medical record to ensure they are providing accurate information. You will be contacted when reports are ready for collection.

##  Patient Declaration

I confirm I have read and understood the information above provided by the practice.

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| --- | --- | --- | --- | --- | --- |
| Sign: |  |  |  | Date: |  |