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# Medical Report Information Form

##  Patient Information

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

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

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| --- | --- | --- | --- |
|  |  |  |  |

 Mobile: Telephone: Email: I

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

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

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

##  Medical Report Process

Please indicate below the specific details you want included in the report (as per advice of eg. benefit officer, employer, citizen’s advice bureau, housing executive, school etc.):

As your request is considered private work there will be a **fee** for the completion of this report. For further details see https://maple.gpsurgery.net/services/non-nhs-services/

##  Patient Declaration

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

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