

St Peter's Medical Centre

Patient Non-NHS Services Request Form



Patient Name: _____

Patient Date of Birth: _____

Patient Request:

Please detail your request here (attaching relevant documents):

Please complete over-leaf if you require more space.

Amount Paid:		Please circle : >>>	By: CASH	By: CARD	By: CHEQUE
Receipt/Invoice Number:					

Patient's Signature: _____ Today's date: _____

*In signing this form, you have requested the above Non-NHS Service be carried out by this Medical Centre. It may take up to 3 weeks for your request to be completed. However, if your request is complex, excessive or requested during period of holiday, it may take longer. **Your request will be reviewed by a member of our administrative team prior to processing. This review may include further charges; of which you will be informed before commencement of work.***

Our commitment will always be to prioritise our NHS contractual service. For full information about our Non-NHS Services, please visit our website on: [Non NHS work – St Peters Medical Centre](#)

Thank you for completing your Non-NHS Services request form.

- We will contact you once your Non-NHS document is available for collection.
- Documents must be collected from the Medical Centre. We are unable to email or post your information due to GDPR.
- Once collected your non-NHS document or letter is **non-refundable**.

For St Peter's Medical Centre office use:

The patient handed this form to _____ who has checked that:

- ALL fields of this form is completed, date & signed;**
- the request is LEGIBLE;**
- payment has been received;**
- top-carbon-copy of receipt/invoice is issued.**