**Request for Insurance Letters/Reports/Medical Forms**

Patient Name……………………………………………………Date of Birth…………………………

Request Received by(name of staff)…………………………Date…………………………………..

**REQUESTED WORK**

Housing letter / Blue Badge/ Fit for Travel

Medical Conditions Letter/Medication letter/Boarding School

Fit for Sport/Travel Insurance Claim Form/ Fit to Fly/Fit to Exercise

Proof of Registration/Fostering Paperwork/OFSTED Form/Other

Additional/Extra information……………………………………………………………………………

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| **Fee taken** | **£** |

**Please be aware**, if the request is not usual in its format length or requirement a

standard fee (£25) will be charged and you will be contacted with the correct fee,

to be paid in full, before the GP begins the request.

Patient Contact Number: (This should be the same as on your medical record)

I (name in full)…………………………………………………………………… give my consent to

Leicester Terrace Health Care Centre to release any medical information, to me, for

the work I have requested above and I understand that there will be no refund for

requests completed by the practice.

Signed…………………………………………………………………..

Please return to:  
Leicester Terrace Health Care Centre, 7-8 Leicester Terrace, Northampton, NN2 6AL  
Or email to: leicesterterrace.k83014@nhs.net