**The Ridgeway Surgery**

Request for non- NHS work

Please note with effect from 1st January 2020 we require pre-payment (Payment is required at the same time of the request.- Cash or Cheque)

Name: -------------------------------------------- ----------------- Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: ------------------------------------------------------------------------------------------

Phone number: -------------------------------- Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note - All letters/claim forms takes 7-10 working days to complete .If you require the report/letter as URGENT PLEASE note this carries an additional payment .Please ask the reception to check to see if this is viable( due to available clinicians).

Please see our notice board or website for list of fees

Request:

Please specify details of request :

If necessary please continue on the back of this request

Collection: collect / email (please circle)

It is our default policy to email completed documents to you with your consent.

If you require collection from the practice, please specify the reason below.

If you have specified collection, an SMS message will be sent to advise you when it is ready for collection if we have your up-to-date mobile number.

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To be completed by the reception team before processing;

Date of payment -----------------------------------

Receipt number Amount ------------------------------------

Money taken by name of receptionist --------------------------------------

Checked by initials -------------------------------------