



To Whom It May Concern,

My patient has requested that I send you details of his/her medical history. I would be grateful if you would confirm your need for this information and complete the details below.

Precise information required:

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This confirms that the patient/employer accepts responsibility for the fee payable for this service (up to £60) depending on the work involved.

Employers Signature:	Date:
Print Name & Position:	

In the event that this information is not required, I will assume that the patient themselves can supply you with all necessary details.

I consent to the above information being given by my GP.

Patient's Signature:	
Print Name:	Date:

Yours faithfully

Ling House Doctors