

To Whom It May Concern,

Yours faithfully

Ling House Doctors

| 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. | |
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| 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: |