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CONSENT TO RELEASE PERSONAL MEDICAL INFORMATION

Patient Name * : _____

DOB * : _____

I give my consent for Stoke Gifford/Conygre Medical Centre to release medical information to a third party.

*Third Party: _____

*Reason: _____

*I am aware that the following fee is payable before completion of:

- £20-£90 for a letter (depending on complexity)
- £70-£115 for form / report to be completed/signed (depending on complexity)
- £20 for blue badge £20 Other/unsure. Initial Payment

(Please see www.stokegiffordmedical.co.uk for more information on fee structure)

I acknowledge that the fee may increase depending on the complexity and time taken to complete the response. **The cost of any associated Private Medical Examination is not included.** If you are unsure of this contact the insurance team.

I understand that my request will not be processed until payment is received.

I understand that this is non-NHS work and that the surgery has 32 working days to complete the work requested.

If I feel my request is urgent it must be discussed with the practice Insurance team to make them aware of circumstances and every effort will be made to complete the work in a timely manner.

Date*: _____ Sign*: _____ Tel: _____

*Mandatory