Pontprennau Medical Centre

Request for Completion of Non-NHS Forms

Please complete this form and submit it to the reception desk or via email
reception.pontprennau@wales.nhs.uk and mark the subject as **NON NHS REQUEST**.
GPs are *not* obligated to complete this type of work. Any requests submitted will be
forwarded to the GP, and it will be up to their discretion whether they choose to fulfil
them.

***Please be aware that this work falls under Non-NHS work and is chargeable. The
full amount is payable in advance of the work being completed. Please refer to the
Non-NHS Fees section found on our website for the full breakdown.***

Patient Information:

Full Name: _____   **Date of Birth:** _____

Address: _____

Contact Number: _____

Email Address (if applicable): _____

Form Details:

1. **Type of Form Required:**
   (Please specify, e.g., insurance claim, driving license medical, employment
   medical, etc.)

   _____

2. **Purpose of the Form:**

   _____

3. **Deadline for Submission (if any):** (Requests for completion within 5 days hold
   an additional charge)

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4. Additional Information:
   (Any other specific requirements or information that the GP needs to know)

Acknowledgment:

- I understand that there is a charge for the completion of non-NHS forms which is payable in advance of the work being completed.
- I agree to pay any fees associated with this request.
- I understand that the GP surgery requires sufficient time to complete this form and will provide an estimated completion date.

Signature: _____

Date: _____

Please allow up to 10 working days for the form to be completed. Once your form is ready, you will be contacted to arrange collection.

Office Use Only :

Date Received: ....

Name of GP Completing Form: ....

Fee Paid:...............................

Date Fee Paid:.....................

Payment Type: Cheque ☐   Cash ☐   Bacs ☐   Card ☐