



TOTAL POLICING

Medical Statement – Claim for a Special Fee

* Denotes Mandatory field. Failure to complete all mandatory fields will result in rejection of form.
All signatures must be original.

Part 1 - To be completed by Doctor in BLOCK CAPITALS (all sections MUST be completed)

To Mayors Office for Policing and Crime **Police Station / Borough**

I hereby apply for the **Standard Special Fee** for a Medical Statement in respect of the patient detailed below.

Doctor's Name: *

Full Postal Address: *

Post Code: *

Telephone No.: * Email address:

Bank Details for payment by BACS *

Account Name: *

Account Number: *

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Sort Code: *

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Patient's name: *

Patient's D.O.B. Date of Statement: * Date of Examination: *

Place of Examination:

Statement requested by Police Officer / Staff (Rank and Name): *

Doctor's Signature: * Date: *

Please submit completed form with the Medical Statement to the MPS Officer who made the request.

Part 2 - To be completed by BOCU Police Officer / Staff

I confirm that a **satisfactory** Medical Statement was provided by the Doctor stated above and I authorise payment of the Standard Special Fee applicable to this claim. **All** relevant case references are shown below.

CRIS Number: * Custody Number: URN:

Police Officer / Staff Signature: * BOCU Unit: *

Print Name: * Rank / Band: * Date: *

If this is the second or more Statement from this Doctor in respect of this case please explain reason:

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Please forward completed form to Exchequer Services, Accounts Payable, 10th Floor ESB immediately after completion

Part 3 - Exchequer Services Use Only

Fee Amount: Vendor Code: Cost Centre Code:

Print Name: Rank / Band: Date: