

Request *Appointment*

So that I can provide you with the best service, please take a few minutes to read the Allergy Fact Sheet. If you think you may benefit from a consultation, please then print out and sign this consent form and bring it with you or send it to the clinic.

Appointment Times

45 Minutes is allocated for your consultation and allergy testing. You may have to wait longer if you need additional tests or advice.

Doctors letter

Please obtain a letter from your GP whenever possible. A letter is essential if you wish to make an insurance claim.

Medications

Please bring a list of all your treatments. All **ANTIHISTAMINES** must be stopped for 72 hours before your appointment.

Charges and Payment

- The charge for consultation is £100
- The charge for Allergy testing (skin test) is £50
- Additional Allergy testing (blood test) from £50

Payment is requested at the time of consultation. I regret that the Glenthorn clinic does not accept credit cards.

Consent

I confirm that I agree to the above and that I have seen the Allergy Fact Sheet.

NAME :

ADDRESS :

DATE of BIRTH :

CONTACT TELEPHONE :

SIGNATURE :

Thank you for requesting an appointment. please sign this consent form and bring it with you or send it to :

Dr Stephen Roberts
Glenthorn Medical Associates
41 The Downs
Altrincham, WA14 2QG