

**DVLA - Consent for the Release of Relevant Medical Information for Patients**



**IN PROFESSIONAL CONFIDENCE**

**Driver and Vehicle Licensing Agency**

Drivers Medical Group

Swansea SA99 1TU

Phone: 0870 241 1875 Fax: 0845 850 0095

Email: [eftd@dvla.gsi.gov.uk](mailto:eftd@dvla.gsi.gov.uk)

Website: [www.direct.gov.uk/driverhealth](http://www.direct.gov.uk/driverhealth)

Driver No:

Our Reference:

Date:

Dear Dr xxxxxxxxxx

RE:                   XXXXXXXXXXXXXXXXXXXXXXXXX                   DOB:   XXXXXXXXXXXXXXXXXXXXX  
ADDRESS:       XXXXXXXXXXXXXXXXXXXXXXXXX XX

Please fill in the enclosed medical questionnaire and return it in the envelope provided. The medical condition of # has been declared.

There is no need for you to see your patient to fill in the questionnaire as this can be done from their notes. If this questionnaire does not allow you to give sufficient details, please also send any relevant hospital notes or a letter providing the information.

**The BMA has given agreement that DVLA no longer need to provide the patients written consent. Therefore, as an officer of the Government I offer my assurance that your patient has provided the department with their consent to disclosure of this information, sight of which is available on request.**

To avoid delays, if you are unable to return the questionnaire for any reason, within the next 21 days, could you let us know either by phone, fax or e-mail.

We will pay £39.00 when we get the questionnaire and invoice. If you are VAT registered we will pay the fee plus VAT at the standard rate on receipt of a VAT invoice which should be sent with the filled in questionnaire.

Please note that your patient can request copies of any medical documents which are held at DVLA unless is specified in writing that releasing this information could cause serious harm to your patient.

**Your patient may be entitled to drive whilst we are awaiting your reply and this might have an impact on road safety.**

*Rev Aug 09*

Yours sincerely,



**IN PROFESSIONAL CONFIDENCE**

**Driver and Vehicle Licensing Agency**

Drivers Medical Group

Swansea SA99 1TU

Phone: 0870 600 0301 Fax: 0845 850 0095

Email: [eftd@dvla.gsi.gov.uk](mailto:eftd@dvla.gsi.gov.uk)

Website: [www.direct.gov.uk/driverhealth](http://www.direct.gov.uk/driverhealth)

Driver No:

Our Reference:

Date:

Dear Dr xxxxxxxxxxxx

I refer to our previous request for information about the above patient's medical condition relevant to their fitness to drive.

You have requested sight of the patient's written consent for the disclosure of this information, a copy of which is now enclosed together with a copy of our original request.

A prompt reply would be appreciated so that the licence can be processed quickly. I therefore enclose a pre-paid envelope.

*Rev Aug 09*

Yours sincerely,

XXXXXXXXXXXXXXXXXXXXXXXXXXXX