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224453 4,855,000 10/72 H.P.Ltd. 1415 E.C.4.

IMPORTANT

1. Please keep this card safe. Take it when you visit the doctor or go for dental treatment or an eye test.
2. If you are going abroad (or to the Channel Islands) for more than three months please send this card to the address shown on page 1. Alternatively, those going abroad may hand the card to the Immigration Officer on departure. On return you should check with your Executive Council because you will need to re-register with your doctor.



NATIONAL HEALTH SERVICE
MEDICAL CARD
 ISSUED BY THE
SA SALOP
EXECUTIVE COUNCIL
 "Abbeydale" 39 Abbey Foregate,
 Shrewsbury SY2 6BN

253

Please quote this number if you write to the Executive Council

N.H.S. Number

BFAE

150-1

DATE OF BIRTH

2 11 14

Mr., Mrs.,
Miss

Edith L. NEWPORT

Address

H. Fern Close, Middle Downley

NE Wellington, Telford Salop

Dr.

W. J. Reilly

Please notify
 the Executive
 Council of
 changes of
 name or
 address and
 return this
 card to them.
 Make sure you tell
 your doctor, too.

SA

GENERAL INFORMATION

1. Lists of doctors, dentists, pharmacists and opticians providing N.H.S. treatment can be seen at the office of the Executive Council (the address is on this card) or at main post offices in counties and large county boroughs.

2. Enquiries or complaints about general medical, dental, ophthalmic, or pharmaceutical services should be made in writing to the Clerk of the Executive Council. If possible, a complaint should be made within six weeks of the event which gave rise to it as complaints made later cannot usually be investigated.

3. Postage must be paid on letters to Executive Councils.

4. This card should be shown to your doctor if he asks to see it; if it is not produced he may charge a fee for which he will give an official receipt which contains instructions for the recovery of the fee.

5. Day visits. Please do not ask the doctor to call unless the patient is too ill to attend his surgery. Attendance at the surgery should be during surgery hours unless otherwise arranged by the doctor. When the condition of the patient does require a home visit, please try to give notice if at all possible, before 10 a.m. on the day on which the visit is required.

6. Night visits. Please do not call in the doctor between the hours of 8 p.m. and 9 a.m. unless you need him urgently.

7. In Accident or Emergency, first try to get your own doctor (or his deputy). If he is not available, immediate treatment can be obtained from any doctor giving general medical services under the National Health Service.

8. Temporary absence from home. If you are away from your home district for three months or less, you can apply for treatment to any local doctor giving general medical services. Tell him you are a temporary resident and quote your N.H.S. number.

9. Change of address. If you change your address you may choose a new doctor by completing Part A on page 3. If you wish to continue to receive treatment from your present doctor, you should notify him of your new address immediately. You should also tell the Executive Council, at the same time sending this card.

10. Change of Doctor. (a) If you choose a new National Health Service doctor because you have changed to a new address, you and the new doctor should fill in Part A below (b) If you wish to change your doctor for any other reason either (1) you may transfer at once with the consent of your present doctor and the new doctor; Parts A and B below should be completed by you and both doctors; or (2) you may write to the Executive Council (at the address on the front page of this card) saying that you intend to change. This card must be sent with the letter; it will be returned to you with the necessary instructions. You will not be able to transfer in this case until at least 14 days after the Council receive your letter.

Part A

Application to be placed on the list of

Dr.....Date

Signature of applicant †

Address of

applicant

.....

Signature of accepting Doctor.....

Drs. Code No.....Date.....

Part B

I agree to this transfer.

Signature of consenting Doctor.....

Drs. Code No.....Date.....

‡A person signing for the applicant should state relationship.

*If Doctor is to supply drugs he should enter D in space marked *

†If Doctor claims a rural practice payment he should enter in the space marked † the distance from his main surgery to the patient's residence and should inform the Executive Council if he wishes to claim for units in addition to those for ordinary distance.

*Drugs

†Rural Practice