

REGISTRATION FORM

Please take the time to fill out this form in block capitals if possible.

D.O.B. _____

Medical Exemption Certificate Number (if applicable) _____

Your Name _____

Your Address _____

Your Postcode _____

Your Telephone Number _____

Your Mobile _____

Your Email _____

Hospital _____

Name of GP (Doctor) _____

GP's Address _____

GP's Telephone Number _____

HOME DELIVERY SERVICE

NHS prescription charge exemptions

Please tick as appropriate

- The patient is under 16 years old**
- The patient is 16, 17 or 18 and in full time education
- The patient is aged 60 or over
- The patient holds a maternity or medical exemption certificate (FP92)
- The patient holds a current pre-payment certificate (FP96)
- The patient is a war/service pensioner with an exemption certificate Ref No. and the items prescribed are for his/her pensionable disability
- The patient is or is the partner of someone currently receiving Income Support
- The patient receives or is the partner of someone currently receiving Family Credit
- The patient receives or is the partner to someone currently receiving Disability Working Allowance and had capital of £8000 or less when the allowance was awarded
- The patient receives, or is the partner of someone receiving income based Job Seekers Allowance
- The patient holds, or is the partner of a person holding current NHS charges certificate for full help (HC2/AG2) No.
- I am not exempt from NHS prescription charges

Thank you for completing this form.

Please return it to GoldCare at the Freepost address shown below, together with your stoma product prescription and template if required.

GoldCare, Freepost plus RSSK-LHJA-LSTS, Unit B, The I O Centre, Barn Way,
Lodge Farm Industrial Estate, Northampton. NN5 7UW

Freephone: 0800 592 786 • Tel: 01604 586 529 • Fax: 01604 584 784

www.goldcare.healthcare