|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Temporary Registration** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| Date |  |  | Short Stay |  |  | Long Stay |  |  |
|  |  |  | less than 16 days | |  | 16 days - 3 months | |  |
|  |  |  |  |  |  |  |  |  |
| Title |  |  | Forename |  |  | Surname |  |  |
|  |  |  |  |  |  |  |  |  |
| Address |  | | | |  | DOB |  |  |
|  |  | | | |  |  |  |  |
|  |  | | | |  | Tel Num |  |  |
|  |  |  |  |  |  |  |  |  |
| Home Address |  | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| GP Name |  | | | |  | GP Tel Num |  |  |
| Address |  | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
| I give consent for Ardach Health Centre to contact my registered GP practice  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to request a patient summary  Signed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: |  |  |  |  |  |  |  |  |
| **For Office Use** |  |  |  |  |  | **Ardach Health Centre** | |  |
| Responsible From |  |  | | |  | **Highfield Road** | |  |
| Responsible To |  |  | | |  | **Buckie** |  |  |
|  |  |  |  |  |  | **AB56 1JE** |  |  |
| Add code 9115 at registration | |  | | |  | **Tel: 0345 099 7200** | |  |
| Add code 912F when expired | |  | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |