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| --- |
| **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 summarySigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |