

MediPAL Card Application Form

MediPAL information printed on the card is generated based on the information provided by the customer.

About You

First Name

Last Name

Date of Birth
dd/mm/yyyy

Emergency
Contact Name and
Tele no's.

Capital Letters & Check Spellings of your current daily medication & dosages

1.

e.g.: 1 x 20mg ATORVASTATIN

2.

3.

4.

5.

6.

7.

8.

9.

10.

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Brief Medical History

1.

e.g.: TYPE 2 DIABETES - May 1996
"ALLERGIC TO PENICILLIN" "HYPERTENTION" – since 2004
N.H.S .No. or anything a paramedic should be aware of.

2.

3.

4.

5.

6.

7.

**Where did you hear
about MediPAL ?**

Your Doctor

Name :

Address :

Telephone No :

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MediPAL CARD costs £14.99 (includes two free updates for the life of the card)

** Take advantage of MediPAL® accessories, they are excellent value and tell people you carry a MediPAL® card.

Key Fob £1.00

Fridge Magnet £1.50

Car/Window Sticker £1.00

Clear Wallet & Yo Yo Clip £2.50

EXTRA Card £5.00

(Please tick the required box and add to your order)

Name and Address:

Name :

Address :

Post Code :

Telephone No :

(in case we need to speak to you)

**Please make cheques or postal orders payable to 'MediPAL'
(£14.99 plus any accessories)**

**POST TO: MediPAL Waterside Business Park Waterside House, Bridge Approach
Barrow-in-Furness, Cumbria LA14 2HE**

Tel :- 0845 603 4604 01229 472200

Includes: 1st Class postage.

Takes up to 10 working days from receipt.



Data supplied is held in accordance with The Data Protection Act - Reg No 8558147

****We comply with the data protection act. We do not pass on your details to a third party**