

# MediPAL® Information 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. ( up to two )

Write In Capital Letters 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.

Please tell us where you  
heard about MediPAL ?

## **Your Doctor**

Name :

Address :

Telephone No :

# MediPAL® Information Form

MediPAL CARD costs £14.99 ( includes to free updates)

\*\* Take advantage of MediPAL® accessories, they tell the person reading it, that you carry a MediPAL® card in your purse or wallet.

Key Fob £1.00

Fridge Magnet £1.50

Car/Window Sticker £1.00

Clear Wallet & Yo Yo Clip £2.50

(Tick next to the item and add it 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® Communication House, 26 York Street, London, W1U 6PZ

Includes: 1<sup>st</sup> Class postage.

Takes: up to 14 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**