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# MediPAL® Information Form – Changes (1)

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

Next of kin name and  
telephone no's.

- **Tell us what medication you no longer require on your card.**

1.

2.

3.

4.

- **Tell us of any NEW medication wish to add or changes to the dosage**

5.

6.

7.

8.

9.

10.

# MediPAL® Information Form (1)

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## Brief Medical History

1.

Add new additions and if we have room NHS No and hospital etc

2.

3.

4.

5.

6.

7.

## Your Doctor

Name :

Address :

Telephone No :

# **MediPAL® Information Form (1)**

\*\* 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  
Extra Card £5.00

(Tick next to the item and send a cheque with your form made payable to MediPAL)

**\*\*PLEASE keep your old card, do not return it with your change form**

## **Name and address: to be completed on all forms**

Name :

Address :

Post Code

Tele No./ or email

(In case we need to contact you)

\*\*Please quote the date printed on your MediPAL® card \_\_\_\_\_

Please post the completed form to:

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

**Tel: 0845 603 4604 (local rate) We do not pass your data onto a third party**

All data supplied is in accordance with The Data Protection Act – Reg No 8558147

