

MediPAL® Information Form – Changes (2)

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 (2)

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Brief Medical History

1.

New additions/ NHS no: and Hospital name etc

2.

3.

4.

5.

6.

7.

Your Doctor

Name :

Address :

Telephone No :

MediPAL® Information Form (2)

** 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./ 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