

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 now take. What needs to be removed or changes to the dosages. ____

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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Brief Medical History

1.

Tell us of any changes and new additions

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

(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:

Name :

Address :

Post Code

Tele No./ email

(In case we need to talk to you)

**Please quote the date printed on your MediPAL® card _____

Please post the completed form to:

**MediPAL®
Communication House,
26 York Street,
London, W1U 6PZ**

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