PRIVATE & CONFIDENTIAL

Dr ................................. has advised me to notify you of my change of name and/or address:-

|  |  |
| --- | --- |
| PREVIOUS PARTICULARS  Surname ................................................  Forename(s) ................................................  NHS No ................................................  Date of Birth ................................................  Address ................................................  ................................................  ................................................  ................................................  Postcode ................................................ | NEW PARTICULARS  Surname ................................................  Forename(s) ................................................  NHS No ................................................  Date of Birth ................................................  Address ................................................  ................................................  ................................................  ................................................  Postcode ................................................  Tel No: ................................................  Mileage: ................................................  Dispensing YES/NO |

This change also affects the following members of my family:-

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Forenames | NHSNo | Date of Birth |
|  |  |  |  |

Patients Signature ............................................................... Date .............................

ONLY FOR COMPLETION BY PRACTICE:

Patient outside GP area? YES/NO

GP still willing to attend? YES/NO

Authorised signature ..................................................................