



NATIONAL HEALTH SERVICE
MEDICAL CARD

ISSUED BY THE
MANCHESTER
EXECUTIVE COUNCIL

Ardwick Town Hall, Ardwick Green, Manchester, 12

HEALTH SERVICE

National Registration Identity Number *NUCO.35:3*

To

Mr.
Mrs.
Miss

ALAN J.A. TOMLINSON

On a change of name, please cross out old name(s) and enter new name(s).

(Address) *18. CRAIG HALL AVE.*
MANCHESTER 12.

Dr. *W.C. SMITH.*

Council Stamp

MAN E.C.
10 JUL 52

In any correspondence with the Council, please quote your National
Registration Identity Number. Form E.C.4.
HEALTH SERVICE

GENERAL INFORMATION

1. This card shows the name of the doctor who has arranged to give you general medical treatment under the National Health Service. It should be shown to him if he asks to see it; if it is not produced the doctor may charge a fee for which he will give an official receipt. This receipt form contains instructions for your recovery of the fee.

2. **Day Visits.** Please do not ask the doctor to call unless the patient is too ill to attend his surgery. Attendance at the surgery should be during surgery hours unless otherwise arranged by the doctor. When the condition of the patient does require a home visit, please try to give notice, if at all possible, **before 10 a.m. on the day on which the visit is required.**

3. **Night Visits.** Please do not call in the doctor between the hours of 8 p.m. and 9 a.m. unless you really need him.

4. **Accident or Emergency.** In emergency where your doctor is not available, immediate treatment can be obtained from any doctor giving general medical services under the National Health Service Act.

5. **Medical treatment when temporarily away from home.** If you are away from your usual address for a short time, application for treatment may be made to any doctor giving general medical services. (See 7 below.)

6. **Change of Doctor.** See page 4.

7. **List of Doctors.** A list of doctors giving general medical services can be seen at local Post Offices.

8. Any enquiry or complaint should be made to the Clerk of the Executive Council at the address shown on the front page of this Card. A complaint should, wherever possible, be made within 6 weeks of the event which gave rise to the complaint.

Postage must be paid on all letters to Executive Councils.

Part A To be filled in if person has changed to a new address and chooses another doctor (see 6(a) on page 4).

*Drugs

Application to be placed on the list of

Dr..... Date.....

Signature of applicant
or authorised person.....

†Mileage

Address

Signature of Doctor..... Date.....

Part B To be filled in if person transfers with consent of both doctors (see 6(b) (1) on page 4).

*Drugs

Application to be placed on the list of

Dr..... Date.....

Signature of applicant
or authorised person.....

†Mileage

Address

I agree to this transfer. Date.....

Signature of consenting doctor

Signature of accepting doctor

If Doctor is to supply drugs he should enter D in space marked.

†If Doctor claims mileage he should enter mileage distance in space marked † and describe any details of difficulty of access on a separate note to be sent in with this card.

6. Change of Doctor.

- (a) If you choose a new National Health Service doctor because you have changed to a new address, you and the new doctor should fill in Part A on page 3.
- (b) If you wish to change your doctor for any other reason—
 either (1) you may transfer at once with the consent of your present doctor and the new doctor; Part B on page 3 should be completed by you and both doctors;
 or (2) you may write to the Executive Council (at the address on the front page of this card) saying that you intend to change. This card must be sent with the letter; it will be returned to you with the necessary instructions. You will not be able to transfer in this case until at least 14 days after the Council receive your letter.

1.

2.

3.

4.