

## REGISTRATION FORM

Please take the time to fill out this form in block capitals if possible.

D.O.B. \_\_\_\_\_

Medical Exemption Certificate Number (if applicable) \_\_\_\_\_

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Postcode \_\_\_\_\_

Your Telephone Number \_\_\_\_\_

Your Mobile \_\_\_\_\_

Your Email \_\_\_\_\_

Hospital \_\_\_\_\_

Name of GP (Doctor) \_\_\_\_\_

GP's Address \_\_\_\_\_

GP's Telephone Number \_\_\_\_\_

## HOME DELIVERY SERVICE

### NHS prescription charge exemptions

Please tick as appropriate

- The patient is under 16 years old\*\*
- The patient is 16, 17 or 18 and in full time education
- The patient is aged 60 or over
- The patient holds a maternity or medical exemption certificate (FP92)
- The patient holds a current pre-payment certificate (FP96)
- The patient is a war/service pensioner with an exemption certificate Ref No. and the items prescribed are for his/her pensionable disability
- The patient is or is the partner of someone currently receiving Income Support
- The patient receives or is the partner of someone currently receiving Family Credit
- The patient receives or is the partner to someone currently receiving Disability Working Allowance and had capital of £8000 or less when the allowance was awarded
- The patient receives, or is the partner of someone receiving income based Job Seekers Allowance
- The patient holds, or is the partner of a person holding current NHS charges certificate for full help (HC2/AG2) No.
- I am not exempt from NHS prescription charges

**Thank you for completing this form.**

Please return it to GoldCare at the Freepost address shown below, together with your stoma product prescription and template if required.

**GoldCare**, Freepost plus RSSK-LHJA-LSTS, Unit B, The I O Centre, Barn Way,  
Lodge Farm Industrial Estate, Northampton. NN5 7UW

**Freephone: 0800 592 786** • Tel: 01604 586 529 • Fax: 01604 584 784

**www.goldcare.healthcare**