

National Health Service
 Record of Treatment of
 Temporary Resident

<p>To be completed by patient</p> <p>I am temporarily resident at the address shown below and I expect to remain in the district for (tick whichever is appropriate)</p> <p>Not more than 15 days from today </p> <p>More than 15 days from today </p> <p><u>But not more than 3 months from the date of my arrival</u></p> <p>I have received treatment from the doctor whose signature appears opposite</p> <p>Patient's signature</p> <p>Date</p>		<p>To be completed by doctor</p> <p>I have accepted the person named opposite as a Temporary Resident and have given treatment which is not one of the exceptions listed in paragraph 32.12 of the Statement of Fees and Allowances.</p> <p>Doctor's signature</p> <p>Code no</p> <p>Date</p> <p>Practice Stamp</p>	
<p>Surname Mr Mrs Miss Other</p>	<p>Forenames</p>	<p>NHS Number</p>	<p>Date of Birth</p>
<p>Temporary Address</p>		<p>Home Address</p>	
<p>Name and Address of Doctor at Home</p>			
<p>Date</p>	<p>Clinical Notes</p>		