

## New Patient Registration Form

Patients can also register online at www.manfredsauercare.co.uk

\* REQUIRED INFORMATION - please complete and return by Email, Fax, Post or Online

		NHS
<b>Providina</b>	NHS	services

New Patient Registration	Date:		
Registration Taken By: (for office use only)	*Nurses Name:		
*Hospital / Clinic :	*Contact Details:		
Title: Mr / Mrs / Miss / Ms/ Dr / Prof Other please state:	Exemption: (see reverse for categories)		
*First Name:	Middle Name:		
*Surname:			
*Date of Birth:	Email Address:		
*Phone no:	Mobile No:		
*Address:			
	*Postcode :		
Delivery Instructions:			
*NHS No:	GP's Name:		
*GP's Address:			
	*Postcode:		
*Phone no:	Fax No:		
Nominated Supplier Authorisation: (please circle) (Manfred Sauer Care)	NO		
Customisation Requirements:			
*Product Code:	*Description	*Quantity	







	Exemption categories below
•	is under 16 years of age
•	is 16, 17 or 18 and in full time education
	is 60 years of age or over
	has a valid maternity exemption certificate
	has a valid prescription pre-payment certificate
	has a valid medical exemption certificate
	has a valid war pension exemption certificate
	is named on a current HC2 charges certificate
	Employment and Support Allowance
	gets Income Support or income-related
	gets income-based Jobseeker's Allowance
	is entitled to, or named on, a valid NHS Tax
	Credit Exemption Certificate
	has a partner who gets Pension Credit
	guarantee credit (PCGC)



FOLD

\* Please allow 2 working days

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