

<p>NHS Organ donor registration I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply. <input type="checkbox"/> Any of my organs and tissue or <input type="checkbox"/> Kidneys <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Corneas <input type="checkbox"/> Lungs <input type="checkbox"/> Pancreas Signature confirming my agreement to organ/tissue donation: _____ Date: ____/____/____ For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk or call 0845 60 60 400</p>	
<p>NHS blood donor registration I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years <input type="checkbox"/> Signature confirming consent to inclusion on the NHS Blood Donor Register: _____ Date: ____/____/____ For more information, please ask for the leaflet on joining the NHS Blood Donor Register My preferred address for donation is: (only if different from overleaf, eg your place of work) _____ Postcode _____</p>	
<p>To be completed by the doctor</p>	
<p>Doctor's Name</p>	<p>HA Code</p>
<p><input type="checkbox"/> I have accepted this patient for general medical services <input type="checkbox"/> For the provision of contraceptive services <input type="checkbox"/> I have accepted this patient for general medical services on behalf of the doctor name below who is a member of this practice</p>	
<p>Doctor's Name, <i>if different from above</i></p>	<p>HA Code</p>
<p><input type="checkbox"/> I am on the HA CHS list and will provide Child Health Surveillance to this patient or <input type="checkbox"/> I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS and will provide Child Health Surveillance to this patient</p>	
<p>Doctor's Name, <i>if different from above</i></p>	<p>HA Code</p>
<p><input type="checkbox"/> I will dispense medicines/appliances to this patient subject to Health Authority Approval</p>	
<p><input type="checkbox"/> I am claiming rural practice payment for this patient Distance in miles between my patient's home address and my main surgery is</p>	

Practice Stamp

