

TO BE COMPLETED BY THE DOCTOR

Doctor's surname and initials

PCT Code number

I declare that

- I am prepared to accept the patient overleaf for general medical services with:
 - myself
 - Dr , who is a member of this practice, and on whose behalf I accept the patient

 - (If the child health surveillance is to be provided)* child health surveillance will be provided to the child under five years named on this form in accordance with the programme agreed between the SHA and PCT by a doctor on the PCT's child health surveillance list, namely:
 - myself
 - Dr , who is a member of this practice, and on whose behalf I accept the patient

 - drugs will be dispensed for this patient

 - rural practice payments are claimed for this patient. The number of miles between the main surgery of the doctor accepting the patient and the patients home is
- I understand the information on this form is correct

Doctor's signature

Date

FOR PCT USE ONLY

Patient registered for:-

- General Medical Services
- Child Health Surveillance