Beech House Surgery

**Notification of Change of Address**

**Return to:** [**enquires.w91033@wales.nhs.uk**](mailto:enquires.w91033@wales.nhs.uk) **or by post or in person**

**Please complete using CAPITALS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** | | **NHS number:** | | | |
| **Surname:** | | | **Forename(s):** | | |
| **Date of birth:** | **Age:** | | | **Town & country of birth:** | |
| **New address inc. postcode:** | | | | | |
| **Home number:** | | | **Mobile number:** | | |
| **Email address:** | | | | | |
| **Previous address:** | | | | | |
| **I, .................................................................... of the above new address, live more than a mile from a chemist in a straight line and wish to have my medication dispensed by Beech House Surgery when needed.**  **I understand this does not affect my rights to have medication dispensed by another pharmacy.** | | | | | |
| **Signed:** | | | | | **Dated:** |

**For Reception use only**

|  |  |  |
| --- | --- | --- |
| Computer number: | Miles: | Disp: Y N |
| Comp changed (initial) | Notes changed (initial) | |

**For Admin use only**

|  |
| --- |
| Patient record checked/scanned/filed in patient’s notes (initial) |

Meddygfa Beech House

**Rhoi Gwybod am Newid Cyfeiriad**

**Dychwelwch i:** [**enquires.w91033@wales.nhs.uk**](mailto:enquires.w91033@wales.nhs.uk) **neu gan bost neu mewn berson**

**Cwblhewch gan ddefnyddio CYFALAFIAU**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Teitl:** | | **Rhif GIG:** | | | |
| **Cyfenw:** | | | **Enw(au) cyntaf:** | | |
| **Dyddiad geni:** | **Oed:** | | | **Tref a gwlad genedigol:** | |
| **Cyferiad newydd gan gynnwys cod post:** | | | | | |
| **Rhif cartref:** | | | **Ffôn symudol:** | | |
| **Cyfeiriad ebost:** | | |  | | |
| **Cyfeiriad Blaenorol:** | | | | | |
| **Rwyf i, ....................................................................... o’r cyfeiriad uchod, yn byw mwy na milltir (mewn llinell syth), a hoffwn gael fy meddyginiaeth o Meddygfa Beech House pan fo’r angen.**  **Dwi’n deall nid yw hyn yn effeithio fy hawl i gael fy meddyginiaeth o fferyllfa arall.** | | | | | |
| **Arwyddwyd:** | | | | | **Dyddiad:** |

**At Ddefnydd y Dderbynfa yn Unig**

|  |  |  |
| --- | --- | --- |
| Rhif cyfrifiadur: | Milltiroedd: | Ffer: I N |
| Newidiwyd y cyfrifiadur (priflythrennau) | Newidiwyd y nodiadau (priflythrennau) | |

**At Ddefnydd Gweinyddol yn Unig**

|  |
| --- |
| Cofnod y claf wedi'i wirio/sganio/ffeilio yn nodiadau'r claf (priflythrennau) |