

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.

Any of my organs and tissue or Kidneys Heart Liver Corneas Lungs 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

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

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 _____

To be completed by the doctor

Doctor's Name

HA Code

- I have accepted this patient for general medical services
- For the provision of contraceptive services
- I have accepted this patient for general medical services on behalf of the doctor name below who is a member of this practice

Doctor's Name, if different from above

HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or
- 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

Doctor's Name, if different from above

HA Code

I will dispense medicines/appliances to this patient subject to Health Authority Approval

I am claiming rural practice payment for this patient
Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission

Authorised Signature

Name

Date

Practice Stamp