
**NEW PATIENT
Registration Details**

Title Forename.....

Surname

Calling Name (known as)

Date of Birth Town (UK) of Birth

House Name

House Number and Street

Town

Post Code

Telephone Number Mobile

Welcome to Lurgan Medical Practice!

Your Registration appointment will be with the Practice Nurse. Please bring with you:

- | | |
|---|--|
| <input type="checkbox"/> Completed UK Medical Card or | AND |
| <input type="checkbox"/> Completed HS200 with photographic identification or | <input type="checkbox"/> Completed questionnaire |
| <input type="checkbox"/> Completed HS22X with passport (EU members) | <input type="checkbox"/> Specimen of Urine |
| <input type="checkbox"/> Completed HS22X passport and work permit (Non EU) | |

Registration Appointment Date

Appointment Time With