



1.

NATIONAL HEALTH SERVICE

MEDICAL CARD

ISSUED BY THE

LONDON

EXECUTIVE COUNCIL

Insurance House, Insurance Street, W.C.1.

5. VII 48

National Registration Identity Number

YAKA 2035.158

To

~~Mr.~~
Mrs.
~~Miss~~

(Address)

Wanda POZNANSKA
22, Hollycroft Avenue,
N.W.3.
L.N.

Dr.

J. Rozenberg

87.53

5 JUL 1948

Council Stamp

In any correspondence with the Council, please quote your National
Registration Identity Number.

Form E.C.4.

2.

GENERAL INFORMATION

1. This card shows the name of the doctor who has arranged to give you general medical treatment under the National Health Service. It should be shown to him if he asks to see it; if it is not produced the doctor may charge a fee for which he will give an official receipt. This receipt form contains instructions for your recovery of the fee.

2. **Day Visits.** Please do not ask the doctor to call unless the patient is too ill to attend his surgery. Attendance at the surgery should be during surgery hours unless otherwise arranged by the doctor. When the condition of the patient does require a home visit, please try to give notice, if at all possible, before 10 a.m. on the day on which the visit is required.

3. **Night Visits.** Please do not call in the doctor between the hours of 8 p.m. and 8 a.m. unless you really need him.

4. **Accident or Emergency.** In emergency where your doctor is not available, immediate treatment can be obtained from any doctor giving general medical services under the National Health Service Act.

5. **Medical treatment when temporarily away from home.** If you are away from your usual address for a short time, application for treatment may be made to any doctor giving general medical services. (See 7 below.)

6. **Change of Doctor.** A change of doctor may be made at any time. (See parts A and B opposite). This card should be left with the new doctor. It will be returned by the Executive Council.

7. **List of Doctors.** A list of doctors giving general medical services can be seen at local Post Offices.

8. Any enquiry or complaint should be made to the Clerk of the Executive Council at the address shown on the front page of this Card. A complaint should, wherever possible, be made within 6 weeks of the event which gave rise to the complaint.

Postage must be paid on all letters to Executive Councils.

3.

Part A

1st CHANGE To be filled in if person wishes to transfer to another doctor.

*Drugs

Application to be placed on the list of

Dr.....Date.....

Signature of applicant
or authorised person

†Mileage

Address.....

.....Date.....
Signature of Doctor

Part B

2nd CHANGE To be filled in if person wishes to transfer to another doctor.

*Drugs

Application to be placed on the list of

Dr.....Date.....

Signature of applicant
or authorised person

†Mileage

Address.....

.....Date.....
Signature of Doctor

* If Doctor is to supply drugs he should enter D in space marked*.
† If Doctor claims mileage he should enter mileage distance in space marked † and describe any details of difficulty of access on a separate note to be sent in with this card.

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