

**National Health Service**  
Record of Treatment of  
Temporary Resident

**Lothian Health Board**

**To be completed by Patient**

I am temporarily resident at the address shown below and remain in the district for (tick whichever is appropriate)

Not more than 15 days from today   
(Please tick)

More than 15 days from today   
(Please tick)

But not more than 3 months from the date of my arrival

I have received treatment from the doctor whose signature appears opposite.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_

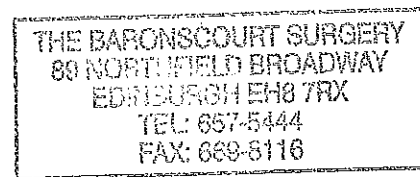
**To be completed by doctor**

I have accepted the person named opposite as a I expect to Temporary Resident which is not one of the Exceptions listed in paragraph 32.12 of the Statement of Fees and Allowances

Doctor's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Code: **70658**

Practice Stamp:



Surname: (Mr, Mrs, Miss, Other)

Forename:

NHS Number

Date of Birth

Temporary Address:

Home Address:

Telephone Number:

Name and Address of Doctor at Home: