MONTGOMERY
MEDICAL PRACTICE
www.montgomerymedicalpractice.wales.nhs.uk

Phone: 01686 668217 **E-mail:** w96001.enquiries@wales.nhs.uk
Website www.montgomerymedicalpractice.wales.nhs.uk

Change of Address Form

Please complete this form as accurately as possible; it is vital that we keep our records up to date.
Please note if you are out of our area we will write to you and request that you register with surgery in your new practice area.

Name	
DOB	
Mobile/Phone	
Email address	
Address: (Old) **Postcode**	**(New)** **Postcode**

Communication Preferences - please tick

☐ I consent to receive Text Messages
☐ I consent to receive Emails

☐ Send Dispensed medication to ☐ Montgomery ☐ St Davids
☐ Non-dispensing (I live less than one mile from a chemist)

Non-Dispensing, please let the practice know where you would like to collect medication.

Preferred Chemist	

PLEASE REMEMBER TO NOTIFY ALL HOSPITAL ECT. OF YOUR NEW DETAILS

- Surgery Code EMISNQCH90