

Temporary services

GMS3/99

		Please complete in	BLOCK CAPITALS and th	
Patient's details		Date if claim se	ent electronically	
Mr Mrs Miss M	Surname			l
Date of birth	First names			
NHS No.	Previous surna	ime/s	100000000000000000000000000000000000000	
Home address		Temporary address, if applicable		
		-		
Postcode		Postcode		
Telephone number		Telephone number		
To be completed by the doct	or			
			Contracontivo	orvicos
Emergency treatment	Immedia treatmer	tely necessary	Contraceptive s	services IUD
Emergency treatment Minor surgical operation		nt		
	treatmer	nt	non-IUD	
Minor surgical operation	Temporary r	resident al treatment	non-IUD Number of	IUD
☐ Minor surgical operation ☐ Treatment of fracture	Temporary r Date of initi	esident al treatment days	non-IUD Number of night visits	IUD
Minor surgical operation Treatment of fracture General anaesthetic Reduction of dislocation	treatmer Temporary r Date of initi	resident al treatment days	non-IUD Number of night visits Dental haemor Rate A Number of vac	rhage Rate B
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