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**Tel: (01482) 344700**

**MEDICATION RECORD CHART & MINOR AILMENT PAD REQUEST**

**Please supply me with the following number of charts in next month’s yellow bag:**

|  |  |
| --- | --- |
| **Pharmacy Name****And Address:** |  |
| **Number of Medication Record Charts Required:** |  |
| **Number of Minor Ailment Pads Required:** |  |

**Please complete and return by email to Karina Hurst on**

**hullccg.generalrequest@nhs.net** **by the 1st of each month.**

**Requests received after the 1st of the month will be included in the delivery the following month.**

**Please use this form to order charts, do not phone them through.**