

Inter Care Registration Form

Please complete this form to register your surgery with Inter Care and start sending us your medical supplies. By providing us with an email address you can help us reduce our postage costs when we acknowledge your parcels.

PLEASE COMPLETE IN BLOCK CAPITALS

Name of GP Practice/Pharmacy/Nursing Home/Care Home/ Hospice/School or similar:	
Address: Town: County: Post Code:	
Tel No:	
Title E.g. Dr/Mr/Mrs/Ms etc: Main Contact Name:	
Main Contact Job Title:	
Main Contact Tel No:	
Main Contact Mobile No:	
Main Contact Email:	
No. of Patients Registered:	
How did you hear about us?	
Signature:	
Date:	

Please return your completed form to: Inter Care Ltd, 46 The Halfcroft, Syston, Leicester, LE7 1LD or Fax: 0116 2696805 or Email: info@intercare.org.uk.

Thank you for registering with Inter Care. Your Registration Confirmation will be sent in due course