

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

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

<b>Pharmacy Name And Address:</b>	
<b>Number of Medication Record Charts Required:</b>	
<b>Number of Minor Ailment Pads Required:</b>	

Please complete and return by email to Karina Hurst on  
[hullccg.generalrequest@nhs.net](mailto:hullccg.generalrequest@nhs.net) by the 1<sup>st</sup> of each month.

Requests received after the 1<sup>st</sup> of the month will be included in the delivery the following month.

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