



National Health Service (Charges for Drugs and Appliances) Regulations 2004

APPLICATION FOR MEDICAL EXEMPTION CERTIFICATE

Exemption from charges in respect of forms prescribing drugs or medicines issued under and in accordance with the arrangements relating to General Medical Services, etc., for which Regulation 2 and 3 of the above-mentioned Regulations provide.

Please complete this form in BLOCK CAPITALS, sign and date it. PLEASE THEN SEND IT TO YOUR OWN GP PRACTICE.

Please indicate as appropriate:

- Two checkbox options: 1. I am in constant need of medical attention and have been so for the whole of the last six months; I have been a resident of the Isle of Man for at least six months; I declare that I am not in substantial employment, nor am I self-employed. 2. I am suffering from one or more of the conditions detailed at the top of the page overleaf.

I understand that to claim exemption from prescription charges on the above grounds, I must be in receipt of an exemption card (Medical Exemption Certificate) every time I have a prescription form dispensed.

FULL NAME..... (Mr / Mrs / Miss)
ADDRESS.....
DATE OF BIRTH.....
SIGNED..... DATE.....
YOUR DOCTORS NAME.....

THIS SECTION TO BE COMPLETED BY THE GP PRACTICE

Please 'tick' the box in the column on the left below as appropriate: The patient suffers from:-

Tick	Code	Condition
	(A)	Permanent Fistula (including Caecostomy, Colostomy, Laryngotomy or Ileostomy), requiring continuous surgical dressing or an appliance.
		The following disorders below for which specific substitution therapy is essential:
	(B)	Diabetes Mellitus (except where treatment is by diet alone)
	(B)	Myxoedema
	(B)	Epilepsy requiring continuous anti-convulsive therapy
	(C)	Forms of Hypoadrenalism (including Addison's Disease) for which specific substitution therapy is essential
	(C)	Diabetes Insipidus and other forms of Hypopituitarism
	(C)	Hypoparathyroidism
	(D)	Myasthenia Gravis
	(D)	A permanent physical disability which prevents me from leaving my home without the help of another person.

This patient has claimed exemption from charges in respect of forms prescribing drugs or medicines issued under and in accordance with the appropriate Regulations relating to General Medical Services or General Dental Services, on the grounds of:-

- (a) Chronic sickness over a period exceeding six months, not in substantial employment, nor self-employed
- (b) Suffering from one of the conditions detailed above, irrespective of employment

Please complete the declaration below and return the form to Manx Care, Primary Care Services, Crookall House, Demesne Road, Douglas, IM1 3QA Tel: (01624) 642694

If you are not prepared to certify this claim as being correct, it would be helpful to have an indication of the reason for the refusal.

I declare the above-named, who is my patient is suffering from one or more of the conditions as detailed above and is **approved / does not meet the criteria and is refused** – *please delete as appropriate :-*

Signed – Doctor Date

If refusal please state reason below:-

.....

[Type text]