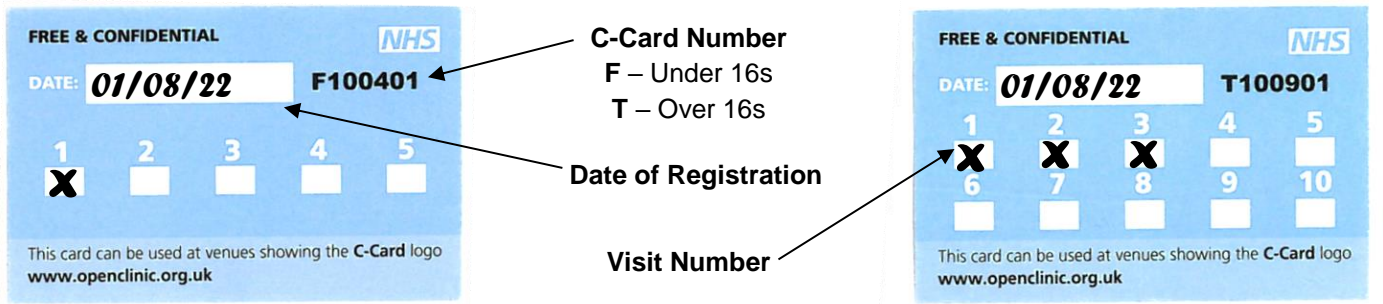



C-CARD DISTRIBUTION FORM



FREE & CONFIDENTIAL 

DATE: **01/08/22** **F100401**


1 2 3 4 5

This card can be used at venues showing the C-Card logo
www.openclinic.org.uk

C-Card Number
F – Under 16s
T – Over 16s

Date of Registration

Visit Number

FREE & CONFIDENTIAL 

DATE: **01/08/22** **T100901**

1 2 3 4 5
6 7 8 9 10

This card can be used at venues showing the C-Card logo
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VENUE:

MONTH:

	DATE	C-CARD NUMBER	VISIT NUMBER	DISTRIBUTED BY (Initials)
	01/09/22	T100901	2 & 3 EXAMPLE	TB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE RETURN THIS FORM BY THE 5TH OF EACH MONTH TO: SexualHealthOrders@mpft.nhs.uk