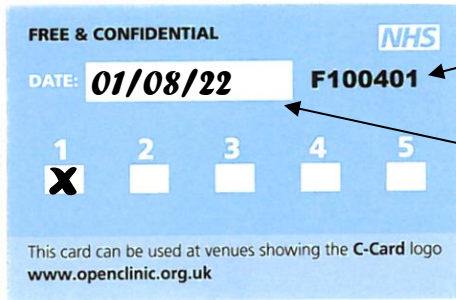


# C-CARD DISTRIBUTION FORM



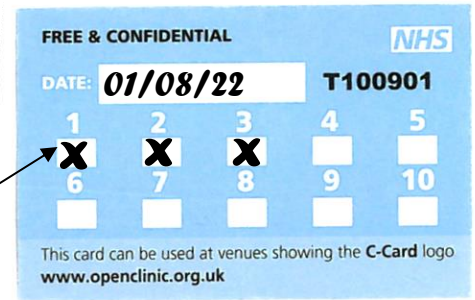
C-Card Number

F – Under 16s

T – Over 16s

Date of Registration

Visit Number



**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 5<sup>TH</sup> OF EACH MONTH TO: [sexualhealth.shropshire@mpft.nhs.uk](mailto:sexualhealth.shropshire@mpft.nhs.uk)