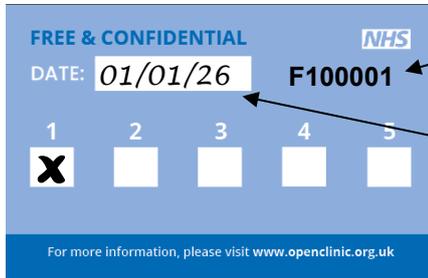


C-CARD DISTRIBUTION FORM



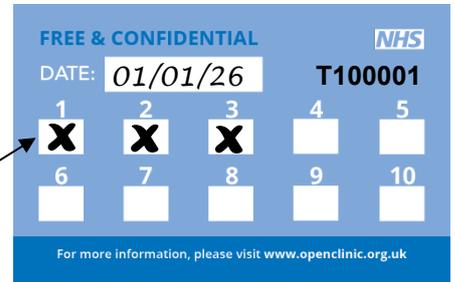
C-Card Number

F – Under 16s

T – Over 16s

Date of Registration

Visit Number



Venue:

Month:

	DATE	C-CARD NUMBER	VISIT NUMBER	DISTRIBUTED BY (Initials)
	02/01/26 EXAMPLE	F100001 EXAMPLE	2 & 3 EXAMPLE	LC EXAMPLE
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