

APPLIKAZZJONI ĠDIDA

L-Isem tal-pazjent	Numru tal-Karta tal-Identita'	POYC Spizerija

Id-Dipartiment għall-Iskema tal-Ispizerija tal-Għazla Tiegħek [POYC] jixtieq jiggbidlek l-attenzjoni li l-applikazzjoni għall- medicina hawn taht imsemmija ma tistax tigi processata peress li:

- Il-Kartuna s-Safra skadjet* _____
- Il-Prodott tal-medicina mhux imnizzel fuq il-Kartuna is-safra**:
- Il-Permess tal-Konsulent (DTC/MEU) nieqes jew skadut* _____
- Il-Kartuna u l-Karta r-Roza tas-Servizzi Soċjali _____
- Il-Permess speċjali bil-miktub mill-Professor (SLH 145/DH 75) għall*:
- Oħrajn: _____

* Il-Konsulent irid japplika għad-dokumenti msemija hawn fuq. Trid tmur Mater Dei jew Health Centre.

** Meta l konsulent iżid xi medicina ġdida bil-miktub fuq il-Kartuna s-Safra, il-pazjent għandu jmur dritt bil-Kartuna s-Safra ammendata fl-Uffiċċju tal-Kartuna s-Safra, l-Isptar San Luqa, G'Mangia. **Importanti:** Il-Konsulent irrid jiffirma u jittimbra hdejn il-medicina il-ġdida.

*** Il-Kartuna r-Roza tigi maħruġa mill-Uffiċċju Lokali tad-Dipartiment tas-Servizzi Soċjali

Għaldaqstant, inti gentilment mitlub/a sabiex tibgħat għand dan id-Dipartiment kopja tad-dokumenti mgedda, flimkien ma' din l-iftra sabiex l-medicina tkun tista tigi miżjuda fil-Komputer.

Għal iżjed informazzjoni inti gentilment mitlub/a ċ-ċempel jew tikteb lil dan id-Dipartiment kif ġej.

P.O.Y.C.
St. Luke's Hospital
St. Luke's Square
Gwardamangia

Nurmu tat-Telefon: 2248 1800
Hinijet tal-Ftuħ: mit-Tnejn sal-Gimgha
mid-8.00am sa 13.00pm

f/ Kap Eżekuttiv

Iċċekjat min:	Firma	Data

Irreġistrata min:	Firma	Data

POYC 08

St. Lukes's Hospital, St. Luke's Sqr., G'Mangia, Malta • Tel: 2248 1800, Telefax: 21 226 739 • www.poyc.gov.mt



Dear Sir / Madam

NEW APPLICATION

Patient Name	Patient ID No.	POYC Pharmacy

The Pharmacy of Your Choice Department [POYC] would like to inform you that the below mentioned medicine cannot be inputted in the POYC database as your documentation is lacking in the following:

- Schedule V [Yellow Card] is expired* _____
- Item not listed in Schedule V Card** : _____
- No / Expired DTC permit for* : _____
- Pink Card and Pink Form*** : _____
- No / SLH 145 / DH 75 for* : _____
- Other: _____

* Consultant needs to apply for the mentioned documents.
 ** After the consultant endorses the new medication in ink on the schedule V Card, the patient must take the updated Card directly to Schedule V Office, St Luke's Hospital, G`Mangia. Please Note that the consultant must sign and rubber stamp near the amendment.
 *** Pink Card and Pink Form are issued from the Social Security Office of the local area.

In light of the above, you are kindly requested to update your documentation as indicated. When the new documentation is in hand re-send the request for amendment with photocopies of new documentation together with this letter.

Should you require more information, please phone or write to the following address:

P.O.Y.C.
 St. Luke's Hospital
 St. Luke's Square
 G` Mangia

Telephone Number: 2248 1800
 Opening Hours: Monday to Friday
 8.00am till 13.00pm

f' Chief Executive Officer

Vetted By:	Signed	Date

Inputted By:	Signed	Date

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