PHARMACY OF YOUR CHOICE UNIT
Ministry for Health

POYC
PHARMACY OF YOUR CHOICE

Medicines Approval Section

Application for Free Medicines Control Card for Entitled Government Employees

1. Employee Information

Employee ID number: (							(		)	Employee Name:	Contact Number:
Date of birth: D D M M Y Y Y Y										Employee Address:	

2. Eligibility Criteria

New Request Renewal (attach previous card)

Grade:	
Department:	

I confirm that the above details are correct and that in signing this form I understand I am responsible for affirming eligibility of mentioned employee as per previously issued circulars.

.....
Administrative Director/Head Signature & Stamp (mandatory)

Address to: **Pharmacy Of Your Choice Unit** **St. Luke's Hospital, G'Mangia**	**Email:** schedulev.mfh@gov.mt **Phone:** 21 232424 / 22481800

Data Protection Statement

All personal data is required to provide health care services as necessary, and is processed in accordance with the Data Protection Act, and as permitted by law. Any further information will be obtained on request.