

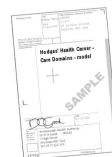


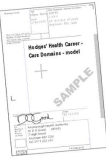
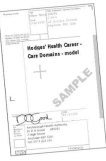
Important Notice

If you are asking (nominating) someone to collect your prescription on your behalf we will need signed consent from you before we can release it. Please complete the form overleaf with the **name of the nominated person, or persons** (if more than one person collects for you).

- If it is just a one off occasion, and you know in advance that you will be asking someone to collect it for you, please hand this form in with your repeat prescription request.
- Please give this form to be brought in at the time of collection by the person collecting your prescription.
- If you will be regularly asking someone to collect your prescription, please indicate overleaf, this information can then be added to your notes for future reference.
- We can also accept verbal consent if you come into the Surgery in person.

Please be aware that prescriptions will not be released without a signed consent letter or verbal consent





Patient Name:

Patient Date of Birth:

Patient address:
.....
.....

Postcode:

I give consent for :

Name of person collecting the script

to collect my prescription:

(please indicate)

Single occasion:

.....

Date

Regular basis

Signed:

Signature of patient

