

Postboxpharmacy.co.uk Repeat Prescription Dispensing Service Patient Agreement Form

Patient's details	
Title	
Surname	
First Name	
Date of birth	
Address	
Postcode	
Mobile Phone Number	
Telephone Number	
Email Address	
NHS Number (if known)	

Prescriber's details	
Name	
Address	
Postcode	
Telephone number	

Please see reverse

Please tick all relevant boxes

I have received the postboxpharmacy.co.uk dispensing service information leaflet and have read and understood how this service works.

I understand that the postboxpharmacy.co.uk repeat prescription service can take up to 5 working days for my prescription to be fulfilled and I understand that this service may not be suitable for any prescriptions that are needed straight away. (Instead, ask your doctor for a paper prescription and take this to a local pharmacy so that they can dispense your medicine for you as soon as you require it.)

I give consent to postboxpharmacy.co.uk to order my prescriptions from my GP on my behalf and I understand that I can order my repeat NHS prescriptions through postboxpharmacy.co.uk by sending an email to info@postboxpharmacy.co.uk calling the customer service number **0161 280 0010**.

I understand that if my GP does not allow postboxpharmacy.co.uk to order my repeat prescription on my behalf, I must continue to order my repeat prescription with my GP in the usual way.

(We can send you a reminder via SMS message to let you know when to order your next repeat to ensure you receive your medicines in good time.)

I agree to the exchange of information about my medication or treatment between my prescriber and my pharmacist as part of my medication dispensing arrangements.

I give consent to postboxpharmacy.co.uk to send SMS/Email reminders to my mobile number/email address.

Name	
Signature	
Date	
I am the patient/carer (delete as appropriate)	

Please return this form to postboxpharmacy.co.uk in the prepaid envelope provided.