

# Pontllanfraith pharmacy

The Health Centre

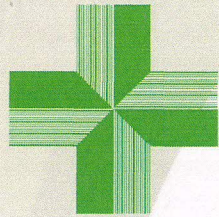
Blackwood Rd

Blackwood

Gwent

NP12 2YU

tel 01495 229268



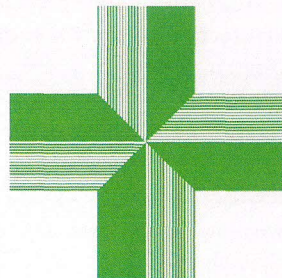
*Providing healthcare to the community*

**Thank you for supporting your local Pharmacy**

Data Protection Act 1998:

We will hold the information you provide on our computer for administration purposes.

We will not disclose any information to third parties without your prior consent.

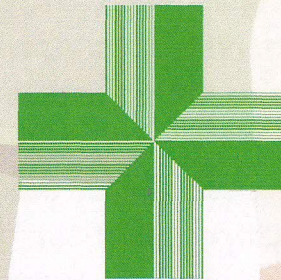


# FREE PRESCRIPTION COLLECTION SERVICE



## PONTLLANFRAITH PHARMACY

**TEL (01495) 229268**



*Providing health care to the community*

**OPENING HOURS :**

**Monday to Friday 9am to 1pm 2pm to 6.30pm**

- We can collect your repeat prescription from local surgeries to save you having to call at reception to collect it.
- You will need to order your prescription from the surgery as usual with your repeat list or by using the internet (participating surgeries only).
- The prescription will be ready for us to collect 48 hours later.
- When you sign up to our prescription collection service, the surgery will be aware that we have been authorised to collect prescription for you.
- The NHS are developing an Electronic Prescription Service and we would be able to collect your prescription electronically using secure procedures in the future.
- We also offer a delivery service for those having difficulty visiting the Pharmacy which is particularly useful for housebound or disabled customer. (restrictions on use apply)

**JUST COMPLETE THE FORMS OPPOSITE AND HAND THEM IN TO THE PHARMACY TO SIGN UP FOR THE SERVICE.**

## PONTLLANFRAITH PHARMACY PRESCRIPTION COLLECTION SERVICE

Please complete the forms below and give them to us at the Pharmacy  
(all information will be treated as confidential)(Pharmacy copy)

Patient name :.....  
 Address:.....  
 Postcode:..... email address :.....  
 Contact Tel.No:..... Mobile tel no:.....  
 NHS no. (if known):..... Date of birth:.....  
 Doctor :.....  
 Surgery:.....

I wish to register for the free prescription collection service by Pontllanfraith Pharmacy and authorise a representative from Pontllanfraith Pharmacy to collect my prescriptions (or receive electronic prescription when electronic transfer becomes available).  
 I also give consent for items to be delivered to my home (if applicable and subject to being eligible for the delivery service)

I will inform you if I wish to change this arrangement in the future.

Signed:.....Dated:.....  
 Name and address if signing on patients behalf (patients representative) :

Relation to patient:

( ) Surgery informed ( ) Driver informed ( ) PMR note made

-----  
 (Surgery copy)

Doctor:.....  
 Surgery:.....  
 I authorise a representative of Pontllanfraith Pharmacy to collect my prescriptions from the surgery as my preferred Pharmacy.  
 I also nominate Pontllanfraith Pharmacy as my preferred Pharmacy for collecting prescriptions electronically when an electronic transfer of prescriptions service becomes available.

I will inform you if I wish to change this arrangement in the future.

Patient name :.....  
 Address:.....  
 Postcode:.....  
 Name and address if signing on patients behalf (patients representative) :  
 Relation to patient:.....