

NHS Electronic Prescription Service

Please complete this form and post/hand in to your local Medichem Pharmacy

Your details

Title: Mr, Mrs, Ms, Miss, other

First Name: Surname:

Address:

.....

..... Postcode:

Telephone: Mobile:

²Email:

Date of birth: / /

Gender: Male Female

NHS number (if known):

²By providing the details above you are happy for Medichem Pharmacy to contact you about this service.

Your doctor details

Doctor's name:

Surgery Address:

..... Postcode:

Telephone (if known):

Are you the patient or patients representative?

Patient **Representative** (sign below to confirm that you are authorised to act on behalf of the patient and consent to the use of information as described in this form).

Representative's full name:

Relationship to patient:

Signature: _____ Date: _____

Keep you posted

Stay up to date with Medichem's latest products and services, and promotional offers. If you **DO NOT** want to be contacted by the following then please tick the relevant boxes:

Mail Phone Email SMS

