



*all about you*

133 George Lane South Woodford London E18 1AN  
020 8989 0390 DanielsPharmacy.co.uk

## Prescription Collection Registration Form

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: 020 \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Surgery: \_\_\_\_\_ NHS No: \_\_\_\_\_

*I authorise Daniels Pharmacy to request and receive/collect on my behalf repeat prescriptions [including electronic format prescriptions], which I have ordered, for dispensing at the pharmacy.*

*I give permission that in order to facilitate the printing and production of my prescriptions, certain nominated staff of the pharmacy will be allowed to have access to my medical records. Daniels Pharmacy have assured me that my personal details will remain strictly confidential.*

*I understand that if I wish to withdraw from this arrangement, I can do so at any time, and will be free to have my prescriptions dispensed at any pharmacy of my choice.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- Please deliver my medication to my home address.
- We may wish to contact you with information about health and other products and services. Please tick if you **DO NOT** want us to contact you.