

PLEASE COMPLETE IN CAPITAL LETTERS USING A BLACK PEN

PART 1 Patient's Details

Mr. Mrs. Dr. Other.

Forename:

Surname:

Address:

Postcode:

Complete your details below and tick your preferred method of contact.

Home Tel:

Work Tel:

Mobile Tel:

Email:

Date of Birth

Gender Male Female

Delivery address (if different from above) or preferred collection point.

Mr. Mrs. Dr. Other.

Forename:

Surname:

Address:

Postcode:

PART 2 Doctor's Details

Hughenden Valley Surgery (0 miles)

Chiltern House Surgery (2.0 miles)

Dragon Cottage Surgery (2.8 miles)

John Hampden Surgery (3.6 miles)

Chequers Drive Surgery (3.6 miles)

Prospect House Surgery (4.8 miles)

Other surgeries

PART 3 Payment and Exemption

If you are not exempt from payment and so you pay for your prescription, please tick here. We will take your payment details when you order your prescription or alternatively when your prescription is delivered to you. Patients (or their representatives) who do not have to pay for their NHS Prescriptions must fill in this section.

The patient is exempt because he or she:

- is 60 years of age or over
- is under 16 years of age
- is 16, 17 or 18 and in full-time education
- has a maternity exemption certificate
- has a medical exemption certificate
- has a prescription prepayment certificate
- has a war pension exemption certificate
- is named on a current HC2 charges certificate
- gets Income Support or income-related Employment and Support Allowance
- gets income-based Jobseeker's allowance (JSA(IB))
- is entitled to, or named on a valid NHS Tax Credit Certificate
- has a partner who gets Minimum Income Guarantee (MIG)
- has a partner who gets Pension Credit Guarantee Credit (PCGC)

WARNING - False information may lead to legal action.

PART 4 Application to take part in this service

I understand Hughenden Valley Pharmacy services and wish to register for their use. I understand EPS nomination and nominate Hughenden Valley Pharmacy to collect my prescriptions on my behalf either via EPS or directly from my GP. I understand that by signing this form I give consent for my prescriptions and information about my repeat medicines to be sent electronically between my doctor and Hughenden Valley Pharmacy.

If stated exempt from payment, I declare that the patient does not have to pay NHS prescription charges, is properly entitled to exemption and that the information is true and complete. I further declare that should the entitlement change, I will inform Hughenden Valley Pharmacy immediately on 01494 565 458, and I understand that if I do not do so appropriate action may be taken.

Signature

Date

We will use your personal information in line with our privacy policy. Details of this can be found on our website at www.hughendenvalley.com.

We would like to keep you up to date with our own products and services, and to let you know about offers and company news. If you are happy for us to do this, please tick the relevant box below to tell us how you would like us to contact you.

Email Post Text Message

Internal use only