

## BOTTREAUX SURGERY PRESCRIPTION COLLECTION/DELIVERY CONSENT FORM

Patient name				
Address				
Date of birth				
Contact details (insert as appropriate)	Email:	Mobile/ landline		
GP name and address				
NHS number				
Delivery Point (please circle)	Marshgate Post Office   Luggs Garage, Delabole   Wainhouse Corner Post Office  Snooker Club, Crackington Institute (collection only on Monday, Wednesday and Friday afternoons between 1.15-3.00pm)			
Nominated Person to collect my medication				
<b>In sending my prescription to a delivery point, I consent to</b>				
1. My prescription being collected from my delivery point 2. My prescription being sent from my delivery point to the surgery with the delivery driver 3. My medication being delivered to the delivery point (as indicated above) 4. My name and address being shared with my delivery point				
Contact by (please circle as appropriate and add)	Email	Mobile	Landline	Post
Patient signature				Date
Notes	<ul style="list-style-type: none"> <li>Medication will only be delivered to the delivery point stated on this consent form</li> <li>Any medicines not collected after <b>one week</b> will be returned to Bottreaux Surgery</li> <li>On collection from the delivery point you or your representative will be required to sign, print and date against your name on the audit trail</li> </ul> <p>Your confidential information will be processed and used for the prescription collection/delivery service under the current data protection requirements; this may include:</p> <ul style="list-style-type: none"> <li>Sharing with your delivery point</li> <li>For record keeping purposes</li> </ul> <p>If you would like to change or withdraw your consent at any time for the prescription collection/delivery service, please inform us at the earliest opportunity, details are below.</p>			