



Providing NHS Services



## Prescription Service Consent Form

Please fill out the details below, giving your consent for AKtive Pharmacy to order, collect and deliver your repeat/non-repeat prescriptions.

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_

Post Code: \_\_\_\_\_ NHS Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Doctors Name: \_\_\_\_\_

Surgery Name: \_\_\_\_\_

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

Surgery Telephone: \_\_\_\_\_

I wish to nominate AKtive Pharmacy to order, collect and deliver my prescriptions from my medical practice.

I agree that AKtive Pharmacy will make arrangements for all my future prescriptions to be dispensed in this way including Electronic Repeat Dispensing. If I wish to change this arrangement I will inform AKtive Pharmacy.

I consent to AKtive Pharmacy holding my personal information provided on this form.

I agree to the exchange of information about my medication or treatment between my GP Practice and AKtive Pharmacy as part of the prescription dispensing arrangements.

I agree for my information to be used anonymously for the purpose for auditing and medical research purposes.

Signature: \_\_\_\_\_

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

Please complete the form and return to: **AKtive Pharmacy, 37a Bates Industrial Estate, Church Road, Harold Wood, Romford, RM3 0HU**

You can also scan or take an image of the completed and signed form; email this to: [info@aktivepharmacy.com](mailto:info@aktivepharmacy.com) or [NHSPatients@aktivepharmacy.com](mailto:NHSPatients@aktivepharmacy.com)