

Prescription Order Form

Please complete the following form and then return to the Pharmacy.

Patient Information

Title

First Name

Surname

Address Phone

..... Email

Town/City Date of Birth

Postcode

NHS Number (optional)

Doctors Surgery

Surgery Address

.....

.....

Prescription Medications Required

Medication Name	Strength	Quantity
.....
.....
.....
.....
.....

Collection & Delivery

Your medication can be collected in store from Jays Pharmacy or delivered to the patients address. Please indicate your preference below:

- I will collect my prescription from **Jays Pharmacy, Pooley Green**
- I will collect my prescription from **Jays Pharmacy, Egham**
- Please deliver to the patient address above

Please note that Professional Pharmacy guidance rules **requires someone over the age of 18 to sign for any medicines delivered.**

- I give permission for Jays Pharmacy to receive my prescriptions from my Doctors either by collection, by post or by electronic transfer. I will contact the pharmacy if I want to change this arrangement.

Name Date

Signature