



**PATIENT CONSENT FORM**

The services listed below are designed to make the process of receiving your medicines easier. Once we have received your completed and signed consent form we will be able to deliver your prescriptions for you.

(The consent form must be signed either by the patient or their representative.)

Name	
Address	
Post Code	
Telephone Number	
e.mail address (optional)	

Please place a tick in the box against the relevant box(es):

<input type="checkbox"/>	I request and give permission for the prescription delivery service offered by Chew Medical Practice to deliver dispensed medicines to my home.
<input type="checkbox"/>	To order repeat prescriptions I will complete & return the repeat slip to the delivery driver or contact the surgery either telephone, e.mail or fax or by leaving the repeat slip for my prescription at the surgery, Chew Stoke.
<input type="checkbox"/>	I accept responsibility for being available at the time of the medication delivery to my home. I will be advised of when the delivery is due to take place <b>OR: -</b>

**In the event that I am not able to sign for my medication I would like my dispensed medication to be**

<input type="checkbox"/>	Returned to the Surgery for <b>my collection</b>
<input type="checkbox"/>	Left on my premises in secure location. Please specify .....

**Signed** ..... **Date** ...../...../..... **OR**

<input type="checkbox"/>	I am the representative of the above person and have been authorised to sign on their behalf.
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**Print Name** ..... **Signature** .....

Official use only	<b>Maria</b>	▶	<b>List</b>	▶	<b>EMIS MA</b>	▶	<b>MAP</b>	▶
	<b>DOB</b>	▶	<b>Reg No.</b>	▶	<b>Eligibility</b>	▶	<b>SCAN</b>	▶



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### **Delivery of fulfilled prescriptions**

The Practice will not be held responsible or liable for any damage caused to the medication if this option is requested. It is the patient's duty of care to ensure that the medication will not be delivered to a location accessible by unsupervised children or pets who may tamper with the packaging.

Unless specified, prescription medicines will require a doorstep signature. Prescription items can only be dispatched once we have received your paper prescription. All items will be delivered to the address provided by you in your registration or to an alternative address if directed by you. You acknowledge and accept that items will need to be signed for on delivery, unless explicitly specified on the consent form. In the event that the packaging is opened after delivery, we will have no liability to you, for lost or damaged items or for what third parties, may, find out about you as a result.

Patients will inform the surgery if they wish to make any changes to this agreement.

You must check the items dispensed to you carefully and promptly upon receipt. If you feel that there has been a dispensing error inform the delivery driver or speak to a dispenser as soon as possible.

### **Ordering repeat items**

Please only order what is required and not everything on the slip. You **MUST** give 48 hours' notice to the dispensary for ordering your repeat medication (working days) excluding bank holidays and week-ends.

### **Open Times**

Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-19:30
Thursday	08:00-18:00
Friday	08:00-18:00
Saturday	09:00-12:00

### **Zero Tolerance on unacceptable behaviour**

We do not accept rudeness, threats or aggressive behaviour directed towards our staff or other healthcare professionals who work with us. We may ask that violent or abusive patients be removed from our list.

**If the driver is unable to obtain a signature or find secure location for delivery the prescription will be returned to the surgery and it is the responsibility of the patient to collect this item from the surgery.**