

## Prescription collection/delivery and EPS nomination authorisation form: template

Patient name				
Address				
Date of birth				
Contact details (insert as appropriate)	Email:	Mobile/ landline		
GP name and address				
NHS number				
<b>I authorise the following (<i>please indicate/tick</i>):</b>				
1. My prescription being collected from my GP surgery				
2. My prescription being sent from my GP surgery using the Electronic Prescription Service (EPS) to this pharmacy				
3. My prescription being delivered to the address stated on this form				
4. My contact details being used for communication purposes only in relation to matters concerning prescription collection and/or delivery				
Contact by ( <i>please circle as appropriate and add</i> )	Email	Mobile	Landline	Post
Patient signature				Date
Notes	<ul style="list-style-type: none"> <li>Medication will only be delivered to the address stated on this authorisation form</li> <li>Any undelivered medicines will be returned to the pharmacy on the day of delivery</li> <li>Medicines will be required to be signed for upon delivery</li> <li>Medicines will not be posted through a letterbox or left in a 'safe place'</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 GP surgery</li> <li>For record keeping purposes</li> </ul> <p>If you would like to change or withdraw your authorisation at any time for the prescription collection/delivery service and/or wish to remove your EPS nomination, please inform us at the earliest opportunity, details are below.</p>			
Pharmacy address, telephone number, email address (stamp)			Date:	