



DE GLOBE PHARMACY

Prescription Service Consent Form

Please fill out the details below, giving your consent for DE GLOBE 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 DE GLOBE PHARMACY to order, collect and deliver my prescriptions from my medical practice.

I agree that DE GLOBE 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 DE GLOBE PHARMACY.

I consent to DE GLOBE 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 DE GLOBE 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: DE GLOBE PHARMACY, Unit A29/31 Hastingwood Trading Estate, 35 Harbet Road, Edmonton, N18 3HT

You can also scan or take an image of the completed and signed form; email this to: info@deglobepharmacy.co.uk