

REPEAT PRESCRIPTION COLLECTION
& DELIVERY REGISTRATION FORM

AFFIX LABEL HERE



Vigo Lane, Rickleton, Washington
NE38 9EJ T: 0191 415 5632/415 7211

PHARMACY COPY

PATIENT NAME

ADDRESS

CONTACT NO.

SURGERY NAME

I authorise Woodlands Pharmacy to collect my prescriptions and receive my prescriptions electronically from my nominated surgery.
 have my prescriptions delivered to my house or an alternative address (please provide details of alternative address below if requested)

 Collect my prescriptions from the pharmacy.

SIGNATURE

DATE

AFFIX LABEL HERE

SURGERY NAME

PHARMACY NAME

I authorise Woodlands Pharmacy to collect my prescriptions and receive my prescriptions electronically from my nominated surgery.

SIGNATURE

DATE

SURGERY COPY

CONTACT NO.

PLEASE RETURN THE COMPLETED FORM TO WOODLANDS PHARMACY

print2go.com

www.woodlandspharmacy.co.uk



T: 0191 415 5632/415 7211

