

REPEAT PRESCRIPTION COLLECTION  
& DELIVERY REGISTRATION FORM



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

AFFIX LABEL HERE

**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

**SURGERY COPY**

CONTACT NO.

DATE

PLEASE RETURN THE COMPLETED FORM TO WOODLANDS PHARMACY

[www.woodlandspharmacy.co.uk](http://www.woodlandspharmacy.co.uk)

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