



Patient name			
Address			
Contact details	Email: Mobile Land Tel		
GP name and address	The Three Chequers Medical Practice, 72 Endless St, Salisbury, SP1 3UH OR OTHER.....		
NHS number		Date of Birth	

I consent to (*please indicate/tick*):

My prescription being collected from my GP surgery	
My prescription being sent from my GP surgery using the Electronic Prescription Service (EPS) to this pharmacy	
My prescription being delivered to the address on this form	
My contact details being used for communication only in relation to matters concerning prescription collection and/or delivery	

Contact by Tick which	E mail	Mobile	Landline	Post
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Patient signature		Date
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Your confidential information will be processed and used for the prescription collection/delivery service under the current data protection requirements; this may include: sharing with your GP surgery and for record keeping purposes. If you would like to change or withdraw your consent at any time for the prescription collection/delivery service, please inform us at the earliest opportunity, details are below.

Sarum Pharmacy. Tel 01722 442786 Email: customer care@sarum-pharmacy.co.uk Fax: 01722 440346
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