

Crossflatts Pharmacy

Patient Registration Form

Prescription Collection from GP Surgery

We can collect prescriptions from your local GP surgery and dispense them ready for you to collect from the pharmacy or delivered if required. Please complete this form and post or fax to Crossflatts Pharmacy.

Your Details

Name

Date of birth

Address

Postcode

Telephone

Details of GP

Name of GP

Surgery Address

Postcode

Telephone

Please read and sign below

I authorise Crossflatts Pharmacy to collect my prescriptions from my GP surgery. This can be in person or by electronic transfer methods.

I authorise Crossflatts Pharmacy to keep my Repeat Prescription slip for ordering of my prescription on my contact.

I will contact you, if at any time I wish to amend this agreement.

Signed

Name

Date