

Free Prescription Delivery Service

We deliver to residential and business addresses throughout the local area.

Please tick the box if the **FREE** prescription delivery service is required

A delivery details form will need to be completed when you are added to the delivery service; terms and conditions apply which are available on request or from the company website

- We deliver to different areas on set days each week
- Service subject to availability and the prescription being issued by your Doctor's surgery
- All prescriptions must be signed for on delivery
- Medication deliveries can not be left unattended at any premises
- This service is provided free of charge by this pharmacy and is not funded by the NHS



North Tawton Pharmacy

At the heart of local healthcare

"North Tawton Pharmacy"
is a trading name of Wringtons Ltd
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www.wringtons.co.uk
Registered in England No. 03131101
VAT No. 895850466

FREE
**Prescription
Collection &
Delivery Service**

North Tawton Pharmacy
1 Exeter Street, North Tawton,
Devon EX20 2HB Telephone 01837 82824

www.norhtawtonpharmacy.co.uk

*We'll save you time
and trouble*

Our Free Repeat Prescription Collection and Delivery Service will save you the time and trouble of collecting prescriptions from your surgery.

You order your prescription from your Doctor's surgery in the normal way and we will collect it when it is ready. Your medicines will be dispensed at our pharmacy and will be ready for you to collect (or if required we will arrange delivery to your home or work address).

All you have to do is register with us for this service, and we will arrange everything with your Doctor's surgery.

How your repeat prescription service works:

- STEP 1** Complete the attached form. (If you need any help filling out the form, our pharmacy team will be happy to help you).
- STEP 2** Return the completed form to the pharmacy. A member of the pharmacy team will explain how the service will work for you and answer any of your questions.
- STEP 3** Order your repeat prescription from the doctors' surgery as usual. We will arrange the collection of your prescription from the surgery and dispense the items at the pharmacy
- STEP 4** Collect your medicines from the pharmacy or we will deliver your medication to your home or work address (signature required on delivery)

North Tawton Pharmacy

Repeat Prescription Collection Service Registration Form.

Title: Mr, Mrs, Miss, Ms, Other:

First Name:

Surname:

Date of Birth:

Address:

.....

.....

Postcode:

Telephone:

Email:

Your Doctor's Name:

Surgery Name & Address:

.....

.....

.....

Postcode:

To offer this service Wringtons Ltd (the owners of this pharmacy) hold the information you provide on this form on computer and otherwise for administration purposes and for assessment and analysis to enable us to improve the services and products we offer.

I hereby authorise Wringtons Ltd to collect either in person or by means of electronic transfer, my prescriptions from the surgery shown above on my behalf. I will inform you if I wish to make any changes to this agreement.

I agree to Wringtons Ltd contacting me and/or my surgery by post, phone or electronic means to verify prescription items.

Are you the patient or the patient's representative providing this consent?

Patient

Signed:

.....

Date:

.....

Representative

(by signing below you confirm that you are duly authorised to act on behalf of the patient)

Representative's full name:

.....

Relationship to patient:.....

.....

Signed:

.....

Date:

.....