Willow Pharmacy
LANGLEY

Prescription Collection Registration Form

Title

Name

Address

Postcode

Telephone

Mobile

E-mail address

Date of birth

Doctor's name

Surgery address

Postcode

Surgery telephone number (if known)

I hereby authorise Willow Pharmacy 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.

Signed

Date

If you are a representative by signing below you confirm that you are authorised to act on behalf of the patient named above and consent to the use of information as described in this form

Representatives full name

Relation to patient

Signed

Date

In addition, by ticking this box I agree that I would like to nominate Willow Pharmacy as the pharmacy for dispensing prescriptions issued by the Electronic Prescription Service (EPS) for the patient named above and that I have been explained and understand the arrangements for the EPS. ☐

7 Willow Parade, Meadfield Rd, Langley SL3 8HN
T: 01753 313 000 www.WillowPharmacy.co.uk