DISPENSING CENTRE

The Online Pharmacy Delivering to You... REGISTER TODAY

Simply complete this registration form and return it in the reply-paid envelope provided. Freepost RTUJ-ZARZ-RCBE, Dispensing Centre Ltd, Unit 2, Talbots Lane Trading Estate, Talbots Lane, Brierley Hill, DY5 2YX. If you need any help completing this form, please don't hesitate to call us on 0800 804 4404.

PLEASE COMPLETE IN CAPITAL LETTERS USING A BLACK PEN

PART 1 Patient's Details

Mr. ☐ Mrs. ☐ Dr. ☐ Other. ☐

Forename:

Surname:

Address:

Postcode:

Complete your details below and tick your preferred method of contact.

☐ Home Tel:

☐ Work Tel:

☐ Mobile Tel:

☐ Email:

Date of Birth D D M M Y Y Y Y

Gender Male ☐ Female ☐

Delivery address (if different from above) or preferred collection point.

Mr. ☐ Mrs. ☐ Dr. ☐ Other. ☐

Forename:

Surname:

Address:

Postcode:

PART 2 Doctor's Details

Please confirm your surgery

PART 3 Free Reminder Service

We will automatically contact you when your prescription is due.
Please tell us when your next prescription is needed

D D M M Y Y Y Y

PART 4 Payment Details (if not exempt)

Please note - if you are exempt from paying for prescriptions, please complete Part 5. I want to pay for my prescription using these card details:

☐ Visa Debit ☐ Visa ☐ Mastercard Debit ☐ Mastercard ☐ Amex

Name on Card

Card No.

Start Date M M Y Y Exp. Date M M Y Y Issue No. ☐ ☐

PART 5 Exemption from NHS Prescriptions

Patients (or their representatives) who do not have to pay for their NHS Prescriptions must fill in this section.
The patient is exempt because he or she:

☐ is 60 years of age or over

☐ is under 16 years of age

☐ is 16, 17 or 18 and in full-time education

☐ has a maternity exemption certificate

☐ has a medical exemption certificate

☐ has a prescription prepayment certificate

☐ has a war pension exemption certificate

☐ is named on a current HG2 charges certificate

☐ gets Income Support or income-related Employment and Support Allowance

☐ gets income-based Jobseeker's allowance (JSA(IB)

☐ is entitled to, or named on a valid NHS Tax Credit Certificate

☐ has a partner who gets Minimum Income Guarantee (MIG)

☐ has a partner who gets Pension Credit Guarantee Credit (PCGC)

WARNING - False information may lead to legal action.

PART 6 Application to take part in this service

I understand Dispensing Centre services and wish to register for their use. I understand EPS nomination and nominate Dispensing Centre to collect my prescriptions on my behalf either via EPS or directly from my GP. I understand that by signing this form I give consent for my prescriptions and information about my repeat medicines to be sent electronically between my doctor and Dispensing Centre.

If stated exempt from payment, I declare that the patient does not have to pay NHS prescription charges, is properly entitled to exemption and that the information is true and complete. I further declare that should the entitlement change, I will inform Dispensing Centre immediately on 0800 804 4404, and I understand that if I do not do so appropriate action may be taken.

Signature

Date D D M M Y Y Y Y

We respect your privacy. We will use your personal information in line with our privacy policy at www.dispensingcentre.co.uk/privacy. We will not sell your information to anyone, for any reason.

We would like to keep you up to date with our own products and services, and to let you know about offers and company news. If you are happy for us to do this, please tick the relevant box below to tell us how you would like us to contact you.

Email ☐ Post ☐ Text Message ☐

Internal use only