

Dr T C McGee (GMC No 2336091)
Dr T W Hunter (GMC No 2916112)
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Dr K A Pearson (GMC No 6129609)
Ms J B McCulloch (Management Partner)



CONSENT FORM FOR PHARMACY COLLECTION SERVICE

Patient Name DOB

Address

wish to authorise

Pharmacy Name.....

Pharmacy Address.....

to collect any prescriptions on my behalf.

I agree that this pharmacy will be designated in my medical record and unless otherwise stated all repeat prescriptions will be sent to this pharmacy

I agree that a copy of this form will be sent to the pharmacy for their records

I agree that if I wish to change pharmacy I must complete another mandate for the Practice and pharmacy records and this will cancel out any previous arrangements made

Patient/Representative Signature

Date

Please submit your completed form to:

Clinical_Practice_BarnsMedicalPractice_80081@aapct.scot.nhs.uk

40 DALBLAIR ROAD, AYR, AYRSHIRE, KA7 1UL
TEL: 01292 281439 FAX: 01292 288268
PRESCRIPTION LINE: 01292 272140
WWW.MEDICAYR.CO.UK