



Freephone 0800 567 0102
www.DoorstepMedicines.co.uk

Free Post to:

FREEPOST RSAY-HKSA-XXAY
DOORSTEP MEDICINES
The Pharmacy,
Datchet,
Slough, Berks,
SL3 9JH

I hereby give consent for Doorstep Medicines to collect in person, or by post or electronic transmission, my prescriptions from the above surgery and to dispense them on my behalf, until further notice. I confirm these instructions supercede any earlier instructions I may have given.

I confirm that all the information I have provided is, to the best of my knowledge, correct, and I accept the terms & conditions.

Signed: Date:



FREE MEDICINES MANAGEMENT
AND DELIVERY SERVICE

FREE delivery

FREE prescription management service

FREE shop by phone service available.
Your shopping delivered with
your prescription medicines FREE.

Special offers & promotions.

Friendly convenient service.

Complete service tailored to YOUR needs.

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PRESCRIPTION MANAGEMENT SERVICE

Doorstep Medicines is a local pharmacy based service, which will make it much easier for you to get your prescription medicines.

Once you have signed up, we will phone you approximately a week before you run out, to check which medicines you require. We will then request the prescription from your doctors surgery, make it up, and deliver it to you.

We will call you before we deliver to give you an approximate time of arrival, and to ensure that it is convenient for you. If it is not convenient your medicines will be moved to the next scheduled delivery in your area.

Should you have any questions, our friendly, well trained staff will ensure you receive the answers, if needs be calling one of our pharmacists immediately.

Our pharmacists and technicians are never more than a FREE phone call away.

FREEPHONE 0800 567 0102

HOW TO SIGN UP

Signing up is easy, just complete the attached form in full, and send it together with your latest prescription repeat form. If you are going to run out within the next two weeks, tick the items required, however if you have more than two weeks supply of all your medicines, leave the form blank but write the date you expect to require a new supply on the top of the form. We will contact you about a week before that date to ascertain the required items.

Should you have any questions about signing up, just phone the Freephone number above. In the unlikely event that the service doesn't suit you, you can withdraw at any time by just sending us a letter.

TERMS AND CONDITIONS

1. Service Supplied By: Jacinthe Rayner Ltd. Pharmacy No. 1029024 & Wraybury Village Pharmacy. Pharmacy No. 1035138.
2. Registration is required prior to use of the service.
3. Any information supplied to us in the course of providing this service is treated in strictest confidence.
4. Should the status of any exemption from prescription charges change the user must inform us immediately, they remain responsible for any charges due or fines charged for incorrect exemption claims made on their behalf.
5. We only deliver to specific areas on specific days, unfortunately as a free service we cannot deliver "on demand" It is not possible to book a particular delivery slot.
6. We will endeavour to phone in advance of delivering your medicines to check it is convenient for you, however we cannot guarantee always to do so.
7. If you have ordered shopping, or need to pay for your prescription, please be aware that our drivers only carry limited amounts of change. Cheques must be supported by a valid guarantee card.
8. All deliveries are made to the registered address, and must be received by somebody over 16 years old, and may have to be signed for.
9. We reserve the right to refuse admittance to the service and the right to remove anybody from the service without giving any reasons.
10. In exceptional circumstances we may be unable to make the delivery on the agreed day, in which case we will call you and arrange an alternative day to mutual convenience.
11. We do not accept any liability for costs incurred should the delivery not be made on the expected day.
12. This service can be altered, suspended or withdrawn at any time without prior notice.
13. We have a complaints procedure, should you have any cause for less than total satisfaction, then please contact us, we work very hard to give a good service, we want to know if you feel we are failing you in any way.

DOORSTEP MEDICINES REGISTRATION FORM

Please complete both sides in full to ensure no delay in registration.



I confirm that I am the patient

I confirm that I am the patients carer/guardian/representative

PATIENT'S PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other:

Surname

First Name Middle Name

Date of Birth / / NHS No. (if known)

Address

Post Code

Telephone Email

REPRESENTATIVE'S CONTACT DETAILS

Name

Address

Post Code

Telephone Email

DOCTOR'S DETAILS

Name

Surgery

Address

Telephone

DO YOU PAY FOR PRESCRIPTIONS?

Yes We will contact you to arrange payment.

No If No, tick relevant box below.

A The Prescription is for a child under 16

B The Prescription is for a young person 16, 17 or 18 years of age and in full time education.

C The Prescription is for a person 60 years or over.

X The Prescription is for a free of charge contraceptive

Other I have a valid exemption certificate Type

Expiry Date: / / Number

Please sign reverse