

**PRESCRIPTION HOME DELIVERY
REGISTRATION FORM
ISLIP MEDICAL PRACTICE**

FULL NAME:

ADDRESS:

TELEPHONE NO:..... **WORK NO:**.....

MOBILE NO......

DOB:.....

EMIS NUMBER..... **(IF KNOWN)**

SIGNATURE

DATE:.....

I have read and understood the details of the delivery scheme and am happy for my prescription to be delivered. I also understand that whilst the practice will endeavor to deliver my prescription there may be occasions due to unforeseen circumstances when this is not possible and I am happy to make alternative arrangements

PRESCRIPTION HOME DELIVERY

Terms and Conditions

If you would like to have your medication delivered to your home address please read this information sheet carefully and tick the boxes as indicated and sign below to let us know that you have understood.

Requesting prescriptions

Each village will receive a delivery once a week. It is therefore important that you give us plenty of notice for prescription deliveries. It will not be possible for our driver to deliver urgent prescriptions, which will have to be collected from surgery as usual.

- I understand that this service is for routine prescriptions which need to be requested in advance.**

You can request prescriptions online (www.islipsurgery.co.uk) if you have registered for online access. (please ask the receptionists for further details if you would like to know more about this.) Let us know in the “message” box that you would like your prescription delivered to your home.

You can telephone to request prescriptions after 10am Monday to Friday and ask for home delivery.

We are also setting up a new service called “automatic prescriptions”. Your regular medication (tablets only) will be issued automatically for you every month and delivered to your house. You need to tick the box below to let us know you would like this service. If you use it you will no longer have to contact us to request your regular tablets, but you will still have to contact us to request liquid medication, inhalers and any tablets, such as painkillers, that you only use intermittently.

- I will telephone/use online service to request my prescriptions**
- I would like you to enrol me in your automatic prescription service. I understand that liquids, inhalers and as required medications will still have to be requested in the usual way.**

Receiving prescriptions at home

We will normally ask you to sign for the prescriptions, but realize that occasionally you may be out, or have difficulty getting to the door. In these cases we need your permission to post medication (tablets and inhalers only) through your letter box. Bottles will not fit and we cannot leave them outside the house!

It is important that you agree that this is safe (ie the medication will not be accessible to children or pets). We cannot “post” medication to a house where we know that children or pets may be able to open the packaging.

CONTROLLED DRUGS (drugs such as Morphine) MUST ALWAYS BE SIGNED FOR.

Receiving prescriptions (please tick one)

- I will always be in to receive prescriptions on the delivery day
- I am happy for prescriptions to be “posted” through my letter box and confirm that no children or pets will have access to them.
- Or they may be left in.....

Paying for prescriptions:

Our driver will not be able to collect cash or cheques, and it is important that anyone who normally has to pay for prescriptions has a prepayment certificate which we have seen.

- I do not pay for prescriptions because.....
- I have a prepayment certificate. The certificate number is..... and the expiry date is.....

If you would like to use this method of payment, and do not hold a certificate, you will need to complete a pre-payment certificate form, please ask at reception or dispensary for one.

Current Charges:

£35.85	4 months
£98.70	12 months

Please note, from 1st July 2007:

- A 12-month pre-payment certificate form will be available by lump sum or 10 monthly Direct Debit payments.
- A 3-month pre-payment certificate form costing £26.85 will replace the current 4-month pre-payment certificate form.

DELIVERY SCHEDULE

DAYS	VILLAGE	APPROX TIME
MONDAY	ISLIP	11.30 am
	BLETCHINGDON	12.00 noon
	KIRTLINGTON	12.30 pm
	LOWER HEYFORD	1.00 pm
TUESDAY	CHARLTON ON OTMOOR	11.30 am
	MERTON	12.00 noon
	MURCOTT	12.30 pm
	FENCOTT	1.00 pm
WEDNESDAY	HORTON –CUM-STUDLEY	11.30 am
	BECKLEY	12.00 noon
THURSDAY	WESTON-ON-THE-GREEN	11.30 am
	KIRTLINGTON	12.00 noon
	BLETCHINGDON	12.30 pm
	CHESTERTON	1.00 pm

****Please note all our staff including delivery drivers will have signed a confidentiality clause preventing them from discussing details of your medication with other people.****