Bottisham Medical Practice

Medication to your Door

By Bottisham Medical Practice Delivery Service

We have updated our dispensary team and delivery systems and are proud to introduce our new delivery service to support our local community. All patients qualify for this free service provided by our own staff and drivers.

**Why choose Bottisham Medical Practice Delivery Service?**

* The process of how you order your medication does not change
* Deliveries are done by your friendly practice team who are DBS checked and have knowledge of the local area and community, with the aim of providing a superior service to commercial pharmacies
* All medication changes or queries are managed by the practice doctors and nurses with amendments to medication updated instantly
* Rapid turnaround from order to delivery with daily deliveries in the local practice area
* No reliance on third party delivery services or data sharing with other organisations
* Able to deliver fridge items and controlled drugs if the person is home to take delivery

**Bottisham Medical Practice**

**01223 810030**

**Please complete this form and return it to the Surgery**

|  |  |
| --- | --- |
| **Name** |   |

|  |  |
| --- | --- |
| **Home Address** |  |
|  |
|  |
|  |
| **Mobile Tel No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Postcode** |  | **Date of Birth** |  |
| **Date next repeat prescription due** |  |

Can we post your medication through your Yes 🞏 No 🞏
letterbox if you are not home?

Would you like us to text you with a Yes 🞏 No 🞏
expected delivery date?

Do you pay for your prescriptions? Yes 🞏 No 🞏
If you are exempt from prescription charges, please give reason below:-

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*By signing this form I give consent to Bottisham Medical Practice to deliver my medication and understand Pro-Delivery software is used to ensure safe transit of medication and secure delivery. Deliveries will continue until such time as alternative instructions are provided to the practice.*

*We respect your privacy. We will only use your personal information in line with our privacy policy (full policy can be found on our website)*

Signature ………………………………………………………………………………………………………………………………

Date ……………………………………………