

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

Name	
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Home Address	
Mobile Tel No	

Postcode		Date of Birth	
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Can we post your medication through your letterbox if you are not home?      Yes       No

Would you like us to text you prior to delivery?  
(This service is currently suspended)      Yes       No

If you wish to designate a safe place where your medication can be left if you are not at home it must be protected from the weather, out of sight of passers-by and once it is delivered you, the patient, take responsibility for it. Note: **Fridge items and controlled drugs cannot be left unattended.**

I wish to designate the following 'safe place':.....

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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 .....