

Dr Nicholas Redman

Dr Sara Raton-Lunn

Dr Lucy Ross

Appointments: 01359 253700

Dispensary: 01359 253701

Enquiries: 01359 251192

MEDICATION DELIVERY CONSENT FORM

Name:

Address:

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Date of birth:

I request that my prescribed medication be delivered to (please tick choice):

- Barningham Post Office
- Hopton Post Office
- Garboldisham Post Office
- My home address as above

If I am not in, please:

- post my medication through my letterbox*
- leave my medication in the following safe place*

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- reattempt delivery the following week

*in this case I accept that as soon as the medication is delivered as I have requested, legal ownership of the medication transfers to me and I alone am responsible for its safekeeping

Signed:

Date:

Please return completed form to dispensary or e-mail it to wsccg.stanton.surgery@nhs.net