The Pharmaself24

**Enables you to collect your prescription 24 HOURS A DAY - 365 DAYS A YEAR**

I wish Goring and Woodcote Medical Practice to make my prescription available for collection from the Automated Prescription Collection Point.

|  |
| --- |
| Title: First Name: Surname: |
| Address: |
|  |
|  |
| Date of Birth: |
| Mobile number: |
| Email (if available) |
| Signature: Date: |
|  |
| **Please Indicate where you will collect the prescription from****Goring Dispensary or Woodcote Dispensary** |

It is ESSENTIAL that you provide your mobile number as we will be required to send you an SMS text message each time you have a prescription with your unique PIN number.

* **Please Note:** There may be some medicines which may not be suitable to be collected from the Collection Point. These will need to be collected in person from Goring & Woodcote Medical Practice during normal opening hours.

All information supplied to us will be treated in the strictest confidence and will be stored in accordance with current GDPR and Data Protection Act legislation and in line with NHS Information Governance. Goring & Woodcote Medical Practice will NEVER share any personal information with any third party unless we have consent.

**Please complete online or return your completed form to reception at your practice**