

**REPEAT PRESCRIPTION SERVICE**

If your GP has prescribed you repeat medication, we can collect your prescription and deliver it to you. Simply fill in this form and we’ll do the rest!

Title Mr Mrs Miss Ms Other

First name Surname

Address

Postcode

Telephone Date of Birth

Email Mobile

Doctor Surgery

Surgery Address

Postcode

Telephone

I hereby authorise Davey’s Chemist to order and collect my prescription from the Surgery for me in person or by electronic transfer. I will advise you of any alteration to this agreement. I will work with Davey’s Chemist and keep them informed of what medicines I require.

Signed Date