

Wicker 2 U | Registration Form

A Wicker Pharmacy Service

Patient Details:			
Surname:			
First Name:		Contact Details: (Please indicate preferred contact method)	
Middle Name(s):		Daytime:	
Sex:		Evening:	
Date of Birth:		Mobile:	
Address:		e-mail:	
Doctor's Details:			
Doctor:		Surgery:	
Address:		Phone Number:	
Chronic Conditions, Allergies etc: (Please supply information if applicable)			
Prescription Payment: (Please tick which applies)			
I pay for my prescription	<input type="checkbox"/>	I am exempt from charges for the reason stated below	<input type="checkbox"/>
Exemption Reason: (Please tick which applies)			
A. Under 16	<input type="checkbox"/>	K. <i>Income-Based Job Seekers Allowance</i>	<input type="checkbox"/>
B. 16, 17, 18 in full time education	<input type="checkbox"/>		
C. 60 or over	<input type="checkbox"/>	L. Named on a current HC2 charges certificate	<input type="checkbox"/>
D. Maternity Exemption certificate	<input type="checkbox"/>		
E. Medical Exemption certificate	<input type="checkbox"/>	M. <i>Named on a Working Families Tax Credit NHS Exemption certificate</i>	<input type="checkbox"/>
F. Prepay certificate	<input type="checkbox"/>		
G. War Pension certificate	<input type="checkbox"/>	N. <i>Named on a disabled persons tax credit NHS Exemption certificate</i>	<input type="checkbox"/>
H. <i>Income Support</i>	<input type="checkbox"/>		
For reasons H, K, M and N (indicated in italics above), please provide your National Insurance number:			

Wicker Pharmacy, 55-67 Wicker, Sheffield. S3 8HT

Tel: 0114 272 7676

Fax: 0114 272 6431

www.wicker.co.uk/pharmacy

Declaration:

I declare that the information given on this form is accurate and complete. I authorise the staff of Wicker Pharmacy to:

- Sign prescription charge exemption forms on my behalf
- Collect (either in person, via the postal service or, where available, electronically) prescriptions from my surgery.
- For electronic prescription transfers, please note the following:
 - In agreeing to allow Wicker Pharmacy to electronically collect prescriptions from your surgery this will make Wicker Pharmacy your nominated pharmacy. This means all electronic prescriptions will automatically be sent to Wicker Pharmacy for collection or delivery.
 - If you do not wish for an individual script to be sent to Wicker Pharmacy you must ask your GP to issue a paper token which can then be taken to any pharmacy.
 - You can change your nominated pharmacy at any time and you can select any pharmacy to be your nominated site.
 - If a script has been sent automatically to Wicker Pharmacy and you attend another pharmacy there may be a delay in dispensing your prescription whilst Wicker Pharmacy send the details to the pharmacy your are attending.
 - You can request for your doctor not to send prescriptions electronically but instead issue a paper token to be taken to any pharmacy.
 - Electronic transfer of prescription is a new service that is being introduced and depends on both the pharmacy and surgery being EPS Release 2 compliant.
 - If you do not wish Wicker Pharmacy to electronically collect your prescriptions please tick this box . This does not affect other methods of collection.

Should my status change I will inform Wicker Pharmacy of this change and, if necessary, pay the prescription charges required.

Signed:		Date:	
Print Name:			
I am the patient			I am the patients representative

Please return this form to:

**Wicker Pharmacy
Freepost
55-67 Wicker
Sheffield. S3 7ZZ**

No stamp required. Alternatively the form can be handed in to any pharmacy member of staff or faxed through to us on 0114 272 6431.

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