

LAGANVIEW MEDICAL PRACTICE

COLLECTION OF REPEAT PRESCRIPTIONS

Following guidance received from the Health & Social Care Board and recent General Data Protection Regulations, we are making changes to the system for **ordering and collecting** repeat prescriptions. These changes will come into effect on **1st September 2018**.

Repeat prescription are medicines that you have been taking on a regular basis for a long term health condition and the dose has remained steady.

All patients who receive items on a repeat prescription must order them directly (a family member or carer can also order on your behalf). This can be done:

When we are open

- Face to face at the reception desk
- Phoning the Practice – please avoid calling 8.30-9.15am when patients are ringing for urgent appointments

24 hours a day, 7 days a week, 52 weeks a year

- On the repeat prescribing line (028 92 626451)
- Online via the Practice website (www.laganviewmedicalpractice.co.uk) Patients must be registered for Emis Access – contact reception if needed.

If you would like to nominate **ONE** chemist to collect your prescriptions from the Practice, you will then be able to collect the medication from the chemist directly, instead of calling into the practice in future. If you wish to use this service we require you to complete the consent form below and return to the practice as soon as possible. **IT IS VERY IMPORTANT TO ALLOW 2 WORKING DAYS BEFORE CALLING AT THE CHEMIST TO COLLECT YOUR MEDICATION.**

We appreciate that a small number of patients for medical or social reasons require the assistance of a chemist in ordering their medication and this will be agreed between the patient, Doctor and chemist.

It is very important if you change your mind or wish to change the chemist you use at a later date then you must notify the surgery immediately.

Thank you for your cooperation in this matter.

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If you **ALWAYS** want your repeat prescriptions to be collected by the same chemist each time you order, then complete your details below and return to the surgery.

Name: (please print)		Date of Birth: (please print)
Home Address: (please print)		
Name and address of Nominated Chemist: (please print)		
Patient Signature:		Date:

Office Use only: Coded EMISNQWR3 by: _____

SCAN TO PATIENT'S RECORD