

BALLASALLA MEDICAL CENTRE

Patient Consent Form For another person to collect their prescription/sick note/other documents

Patient's Details (The person who authorises collection)		
Surname:	First Name:	Date of birth:
Address:		Telephone No:

It may be easier for you to arrange for us to send your repeat prescription to a designated pharmacy, ask at reception about this

Please tick which items you authorise for collection

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions	Sick Notes	Documents that can be Collected from reception	Make/Cancel appointments

Please note ID must be shown at each collection

Details of person/s to be given authorisation to collect the above items on the Patient's behalf	
Full Name:	Tel no:
Full Name:	Tel no:
Full Name:	Tel no:

Please note ID must be shown at each collection

If more than three people are to be given access then please list the above details for each additional person on a separate sheet of paper

I confirm that I give permission for Ballasalla Medical Centre to allow the above person/s to collect items on my behalf. I will inform the practice in writing if there are any changes to the above.	
Signature:	Date: