MENDLESHAM HEALTH CENTRE AND MANOR FARM SURGERY BACTON

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**Prescription/Medication Collection**

General Data Protection Regulation (GDPR)

Due to the change in the law with respect to data protection the surgery will be unable to hand out any items (prescriptions, drugs etc) to a 3rd party without written consent from the patient.

A form will need to be filled out for each person who might be picking up your item(s). *The named person will need to bring identification with them when they pick up your items. The name of the nominee will be held on the patient’s record.*

Thank you for your co-operation.

**Patient information**

***Please use BLOCK CAPITALS***

Name:……………………………………………………………

D.O.B:……………/………………/…………..

Signature:……………………………………………

Date:……………/………………/……..

**Name and relationship of nominated person(s)**

***Please use BLOCK CAPITALS and list names as they would appear on ID they show when collecting.***

1. …………………………………………………………………………………………………………………………
2. …………………………………………………………………………………………………………………………
3. …………………………………………………………………………………………………………………………
4. …………………………………………………………………………………………………………………………
5. …………………………………………………………………………………………………………………………

If in the future you would like to add/remove a nomination, please complete a new form to change/amend any nominations.