

Cut along the line and return to the Surgery>>

**Your details**

name .....  
address .....  
.....  
Postcode .....  
date of birth .....  
telephone No. ....

**Only complete the sections that apply to you**

**1. I authorise**

name .....  
address .....  
*if different* .....  
relationship to you .....

**to collect prescriptions on my behalf**

**2. I request that my prescriptions be delivered to the village shop in**

.....  
and I, or the person(s) named above, will collect the prescriptions from that shop.  
I have read and accept the weekly timetable for ordering and delivering prescriptions

**3. I request that my prescriptions be delivered to my home**

Prescriptions are normally delivered in the late afternoon.

signed .....(patient)  
date .....

**Please note that a signature will be required if you collect from a shop or it is delivered to your home or if the person(s) named in 1. above collects or receives it on your behalf**

**Collecting your prescriptions from the surgery**

Prescriptions "received" at the surgery on

<b>Monday</b>	<b>collect on Wednesday</b>
<b>Tuesday</b>	<b>collect on Thursday</b>
<b>Wednesday</b>	<b>collect on Friday</b>
<b>Thursday</b>	<b>collect on Monday</b>
<b>Friday</b>	<b>collect on Tuesday</b>

Prescriptions will be delivered to and repeat requests collected from the village shops as follows;

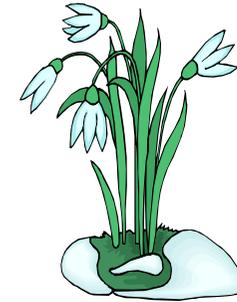
East Meon shop – Wednesday & Friday

Froxfield shop - Friday

Meonstoke Post Office - Tuesday

**Note**

We will try to telephone you if there is a delay in supplying your prescription.



**West Meon Surgery**

**Your Prescription**

As a rural surgery, we recognise that some of our patients do not have access to cars and that public transport to West Meon is very limited. Vulnerable, elderly, disabled or housebound patients may find it difficult to order and collect repeat prescriptions

Where there is identified need, we offer a home delivery service.

For all patients, we offer the option of ordering their repeat prescriptions on-line, by fax, email or a drop-off at East Meon shop, Froxfield shop or Meonstoke Post Office.

**Your prescription**

We aim to ensure your medicines are dispensed accurately, and that you can conveniently order and receive repeats.

The sideslip on your prescription is also your order form. Mark on the sideslip **only the medicines you need** - drop it into the surgery, post it to us or drop into the 'prescription request box at one of the village shops listed.

The sideslip also tells you how many repeats were authorised and how many are left. When ordering the last one, make an appointment to see the doctor to review and re-authorise your medicines.

• **If you want someone else to collect prescriptions on your behalf**  
we need your written consent. Please complete the form alongside, detach it and return it to the surgery

• **You can also request delivery to your home**  
This is a service for people who are elderly, disabled or housebound, and are normally exempt from prescription charges. Your request needs to be verified and agreed by the doctor.  
Delivery to your home will normally be in the afternoon. The delivery days are shown overleaf.

The driver will ask for a signature from the individual accepting delivery.

• **You can also request delivery to a local shop (excluding fridge items) at**  
East Meon  
Froxfield  
Meonstoke Post Office

The shopkeeper will remove the label from the bag, ask for a signature, and put the signed label into a locked box for return to the surgery.

Patients can leave their sideslip order form at these locations, in a locked box provided by us. We will collect it in the afternoon as shown overleaf

**To avoid errors, we do not accept telephoned requests for repeat prescriptions.**

For the convenience of patients, we will accept requests for repeat prescriptions on-line via our web site link at [www.westmeon.gpsurgery.net](http://www.westmeon.gpsurgery.net)

Or by E-mail:  
[whccg.westmeonsurgery@nhs.net](mailto:whccg.westmeonsurgery@nhs.net)

These methods are vulnerable to misuse. To protect yourself and ourselves **they must be set up in advance** and have specific approval from the surgery.  
Complete the request form alongside and return it to the surgery.

**Please allow 48 hours for the preparation of your prescription.**

<<Cut along the line and return to the Surgery.

**Your details**

name .....  
address .....  
.....  
postcode .....  
date of birth .....  
telephone No. ....

**This is a request for West Meon Surgery to set up arrangements for me to send my repeat prescription requests to you on-line or by e-mail.**

**On-line (patient access)**

**E-mail address** (please write clearly)  
.....

signed.....(patient)  
date .....

\_\_\_\_\_  
*Surgery use only*

Acknowledgement issued by.....

On (date).....

Patient access set up by .....

On (date).....

E-mail tests verified by.....

On (date).....