Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

GIG CYMRU NHS WALES

Patient name:	
Patient address:	

I am the patient named above. My doctor, a member of the practice staff or my pharmacist have explained Repeat Dispensing to me. I have also been given a leaflet about this service "**What the patient needs to know about the Batch Repeat Dispensing services**".

I agree to the exchange of information about my medication or treatment between my prescriber and my pharmacist as part of the repeat dispensing arrangements and I understand what I have to do.

Patient's signature:		Date:	
Date of birth:			
Patient's telephone number:			
Nominated Repeat Dispensing Pharmacy name, address and tel no.:			
GP's name, surgery name, address and tel no.:			