



**Patient Registration Form**  
**Prescription Collection from GP**  
**Surgery**

We can collect prescriptions from your local GP surgery and dispense them ready for you to collect from the pharmacy or we can deliver to your home if requested. Please complete this form and post, email or fax to your local branch of Sheppards Pharmacy.

Full details of all our branches are available on our website.

***Your Details***

Name

Address

Postcode

Telephone

***Details of GP***

Name of GP

Surgery Address

Postcode

Telephone

***Please read and sign below***

*I authorise Sheppards Pharmacy to collect my prescriptions from my GP surgery. This can be in person or by electronic transfer methods.*

*I will contact you, if at any time I wish to amend this agreement.*

*Signed*

*Name*

*Date*