



**Changes to Ordering of Repeat Prescriptions**

If you feel unable to order your repeat medication directly from your GP practice by any of the methods outlined by your surgery, please complete this form and return it to your GP practice:

I.....(Patient name) DOB .....

who is registered at..... (GP Practice name)

wish to continue ordering my repeat medication through my pharmacy.

I am unable to order my medication directly from my GP practice because (please tick the box that applies):

- I have a dosette box
- I am registered housebound
- Other (please specify) .....

Print Name..... Signed.....

**Designation: Patient / Carer (delete as applicable)**

Date..... Pharmacy Name .....

Pharmacist signature ..... Name.....

**Please ensure your GP practice receives this slip in order to record your exemption. With your consent the community pharmacist may agree to deliver this slip to your GP practice on your behalf. Please ask your pharmacist for further information.**

**To be completed by the GP practice** Patient name .....

This slip should be returned to the Pharmacy to confirm that this patient is suitable for a managed repeats service.

..... (GP Practice name) confirms that this patient's medicines can continue to be ordered by the community pharmacy through a managed repeats service.

**Pharmacies should ensure that their records are kept up-to-date and should regularly check the summary care record to confirm any changes.**

