



This form is optional. If you do fill it in, please seal it in an envelope with your name on the front, along with any repeat prescriptions you wish to include. It will only be used in emergencies as stated in the Privacy Policy.

## I have:

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## My medication:

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.....

Repeat prescriptions provided? Yes / No

I have received a copy of the Privacy policy and agree to my details being used in accordance with it.

Signature .....

Date .....

