



You can change your nominated pharmacy at any time by informing your GP or a pharmacy which offers EPS
 If you don't want your prescriptions to be sent electronically or prefer paper prescriptions simply inform your GP.

About NHS Electronic Prescription Service (EPS)

The Electronic Prescription Service (EPS) is an NHS service that allows you to choose how your GP transfers your prescriptions to the pharmacy. By nominating a designated pharmacy you will no longer have to physically collect your repeat prescriptions from your GP. Your GP will instead send them electronically to your chosen pharmacy through the NHS secure digital network saving you more than just time.

As an NHS patient you do not need a computer or smart phone to operate EPS. This system works within the NHS digital network connecting NHS GP practices to NHS pharmacies nationwide. For your peace of

mind this system offers NHS patients with a secure transfer of information where only authorised persons can access your prescription.

The electronic service is most suitable for patients who are on repeat medication, have a stable condition, don't want to go to your GP practice every time to collect a prescription or if you want your medication delivered/collected from a single address. The electronic service is less suitable for patients who don't get prescriptions often or wish to collect medicines from many different places. You can only nominate one pharmacy at a time. This can be done by your GP or pharmacy.



Freepost RTZJ-BSAE-GHYE

PCH Chemist
 Suite 9 Aone Business Centre
 3 Summerhill
 Blaydon-on-Tyne
 NE21 4JR

Register with **PCH** Chemist

Register today to have PCH Chemist take care of your family's prescriptions.

Simply fill in the registration form and post to PCH Chemist, Suite 9 Aone Business Centre, 3 Summerhill, Blaydon-on-Tyne, NE21 4JR or visit us on www.pchem.co.uk or call us on 0191 9160040

Your details

Title: Mr Mrs Ms Other

First name: _____ Surname: _____ Date of birth: _____

Telephone: _____

Address: _____

Post code: _____

Delivery address (if different from above): _____

Post code: _____

Doctors details

Please provide your surgery details below.

Surgery name: _____

Telephone: _____

Address: _____

Post code: _____

NHS Declaration

Tick here if you usually pay for your NHS prescriptions. We will take your payment details when we dispense your prescriptions.

Tick **ONE** of the following exemptions that applies to you:

Fill in this section if you do not have to pay for your NHS prescriptions.

- | | |
|---|---|
| <input type="checkbox"/> Is 60 years of age or over, or is under 16 years of age | <input type="checkbox"/> HC2 (full help) certificate |
| <input type="checkbox"/> Is 16, 17 or 18 and in full time education | <input type="checkbox"/> Income Support or Income-related Employment and Support Allowance |
| <input type="checkbox"/> Maternity exemption certificate | <input type="checkbox"/> Income-based Jobseeker's Allowance |
| <input type="checkbox"/> Medical exemption certificate | <input type="checkbox"/> Tax Credit Exemption Certificate |
| <input type="checkbox"/> Prescription prepayment certificate | <input type="checkbox"/> Pension Credit Guarantee Credit (including partners) |
| <input type="checkbox"/> Prescription exemption certificate issued by Ministry of Defence | <input type="checkbox"/> Universal Credit and meets criteria. Find out more at www.nhsbsa.nhs.uk/UC |

**Giving false information may lead to legal action.*

By signing up for the services, you agree to the following:

You understand PCH Chemist's services and wish to register for their use. You understand the Electronic Prescription Service and wish to appoint PCH Chemist as your designated pharmacy for the dispensing of electronic prescriptions.

You would like PCH Chemist to retain your repeat slips to reorder your prescription from our pharmacy and collect your prescriptions from your surgery on your behalf, either in person or by means of electronic transfer.

You agree to allow PCH Chemist to contact you and/or your surgery by post, phone or by electronic means to verify prescription contents.

If you are affirming that the patient does not have to pay NHS prescription charges, that patient must be suitably entitled to an exemption and that the information provided is true and complete.

You further affirm that should the patients' entitlement change, you will inform PCH Chemist immediately on 0191 916 0040, and understand that in not doing so appropriate action may be taken.

PCH Chemist respects your privacy and any personal information you provide on this form will be treated confidentially and retained securely in our computer system.

I am the patient Signature: _____ Date: _____

Patient's representative (By signing below you confirm that you are authorised to act on behalf of the patient and consent to the use of information as described in this form)

Representative's full name: _____ Relationship to patient: _____

Signature: _____

Date: _____