PRIVATE PRESCRIPTION

CHURCH PHARMACY

CLIENT ACCOUNT NUMBER:_____ ACCOUNT HOLDER NAME:_____

PATIENT DETAILS

PATIENT NAME:_____ DATE OF BIRTH: _____/_____/_____

PATIENT'S RESIDENTIAL ADDRESS:_____

_____

TOWN/CITY: _____ POSTCODE: _____

PRODUCT	PACK SIZE	QTY.
COMMENTS		

DECLARATION

I can confirm that the above named patient on this prescription has consented for the items to be delivered on this prescription to the patient's agent/address provided. I can also confirm the items on this prescription are only for the patient named on this prescription.

I can confirm that the patient has nominated Church Pharmacy as their pharmacy for dispensing this prescription issued by me as the prescriber, and the patient has consented to share their personal details (as stated on this prescription) to Church Pharmacy as part the GDPR/Data Protection Act.

I can confirm that a face-to-face consultation with the patient has been completed and appropriate clinical oversight is being carried out for the patient's treatment plan.

I can confirm that if I have considered it appropriate for an associated practitioner to administer this prescription to my patient, under my direction, the named practitioner has been appropriately trained and insured, and I consider the said practitioner to be professionally competent.

I can confirm that I am fully aware of and accept clinical, professional and legal responsibility for prescribing outside the licensed indications of any of the prescribed products, wherever applicable.

I agree to the following: Prescriptions & VAT (Value Added Tax) - The consultation and diagnosis leading to the treatment is based on the judgment of the prescriber for the patient; if the prescriber chooses to write a prescription, as opposed to a stock/signed order, it means that VAT will not be charged because it is for the health care treatment of the patient. If your order is not for the health care treatment of the patient, the prescriber should submit a non-prescription order (i.e. signed order/stock order) where VAT will be charged at standard rate. For further information, please visit this site.

I agree to adhere to the rules set out by the regulatory bodies such as the GPHC, MHRA, HMRC and all other relevant regulatory bodies associated with my practice and procedures. I can also confirm that I have the appropriate training and insurance for the prescribing/treatments for the named patient.

I hereby declare that the above statements are true. By using the services of Church Pharmacy, I agree to the general terms and conditions set out and take full responsibility for the items I am ordering and I am doing so in the best interest of patient safety and professional conduct.

PRESCRIBER DETAILS

PRESCRIBER'S NAME: _____ PRESCRIBER'S REG. NO: _____

PRESCRIBER'S ADDRESS: _____

POSTCODE: _____ PRESCRIBER'S MOBILE: _____ PRESCRIBER'S LANDLINE: _____

PRESCRIBER'S PROFESSION: _____ PRESCRIBER'S EMAIL: _____

PRESCRIBER'S SIGNATURE: _____ DATE: _____/_____/_____

Please note: For any prescription received through fax, email or Express Checkout, it is a legal requirement that the original prescription (copies are not accepted) must be received by the pharmacy within 72 hours. Please use our e-prescribing tool DigitRx to avoid having to post in original paper prescriptions. Visit www.churchpharmacy.co.uk/digitrx for further details.