



## ONLINE NHS PRESCRIPTION SERVICE CUSTOMER FORM

Please print out and complete all three simple sections of the form below, then FREEPOST this form, your NHS prescription and any payments to the address below:

FREEPOST RSHX-EYAB-AHJY  
**Speeds Pharmacy**  
4 Minerva Court  
Chester West Employment Park  
CHESTER  
CH1 4QT

\* Denotes Required Field

### 1 Patient Details

Title: \* \_\_\_\_\_  
Full Name: \* \_\_\_\_\_  
Date of Birth: (dd/mm/yyyy) \* \_\_\_\_\_

### 2 Delivery Details

House Name/Number: \* \_\_\_\_\_  
Street: \* \_\_\_\_\_  
Town: \* \_\_\_\_\_  
County: \* \_\_\_\_\_  
Post Code: \* \_\_\_\_\_  
  
Contact Telephone 1: \* \_\_\_\_\_  
Contact Telephone 2: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### 3 Consent

I confirm that the above information is correct. I consent to Speeds Pharmacy providing a mail prescription service and acknowledge that I can telephone a Speeds Pharmacy pharmacist about my prescription during normal office hours. I understand that Speeds Pharmacy will update me on developments of this service from time to time.

Your Signature: \*  Date: (dd/mm/yyyy) \* \_\_\_\_\_

We recommend that you inform us by email at [prescriptions@speedspharmacy.co.uk](mailto:prescriptions@speedspharmacy.co.uk) when you post your prescription off to us so that we are able to check for safe receipt. Please allow 5 working days from posting your prescription before delivery, and remember that someone will be required to be available to sign for receipt of the medicines. Please call us on **01244 470 034**, if you have any further enquiries about our prescription service.