



*Your Doorstep Pharmacy*

**To use our free prescription collection and delivery service, please provide some basic information below.**

**Please fill in this form and post it to the pharmacy or ring us to arrange collection**

Your name (please print) : .....

Address : .....

.....

.....

Date of Birth : .....

Telephone number : .....

Mobile number : .....

Doctor's name : .....

Surgery address : .....

.....

.....

Do you pay for your prescriptions  Yes  No

Sign ..... Date .....

I would like to authorise Seemed Internet Pharmacy to keep my repeat prescription form and collect my repeat prescriptions on my behalf from the surgery shown above, either in person or by means of electronic transfer. I will inform you and the doctors' surgery if I change this arrangement.

**For any queries or further information  
please call 0161 626 5659**

**32 Hardy Street  
Oldham  
OL4 1DU**