



# MALAHIDE FAMILY PRACTICE

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## Pharmacy Prescription Collection - Consent Form

If you would like for your selected pharmacy to collect your prescription from Malahide Family Practice on your behalf please fill out this form. **Please note that prescription collection arrangements must first be made between yourself and your pharmacy.** Malahide Family Practice accepts no responsibility for your prescription once it has left our premises.

We will only give out your prescription to a representative of the pharmacy you have chosen. If you would like to change your pharmacy selection you will have to fill out a new form. This consent can be revoked at any time by way of a signed letter informing us you no longer consent to this service, or by filling out a Pharmacy Prescription Collection Cancellation Form available at our practice.

Patient Name: .....

Patient Date of Birth: ...../...../.....

Nominated Pharmacy: .....

Pharmacy Location: .....

I hereby give my pharmacy, as nominated above, permission to collect my prescriptions on my behalf. I confirm that I have already discussed and agreed these arrangements with my nominated pharmacy, and I accept that Malahide Family Practice is no longer responsible for my prescription once it has been collected from their premises.

Patient Signature: .....

Pharmacy Representative Signature: .....

Date Signed: ...../...../.....