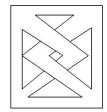
## <u>Measham Medical Unit</u> <u>Medication Delivery Service</u>



Pati	ients Name:
Date	e of Birth:
Add	lress:
Pos	tcode:
Tele	ephone Number:
Mol	oile Number:
Spe	cial delivery instructions (for example: key code)
Sigr	nature:
Date	e:
Our aim 1  1. [ 2. [ 3. / 4. [ 4. [ 5. [ 7] 6. [ 7] 6. [ 7]	Procedures and Terms of Delivery for the delivery service is to deliver the monthly medication you need, when you need it and free of charge: Delivery will be made to all patients aged 60 years and over who qualify, free of charge providing the normal delivery procedures are followed. Deliveries will be made every 28 days during the morning normally between 08:30 – 13:30 hrs. A delivery timetable will be issued which will show the date of delivery. There may be days when we cannot deliver on time due to unforeseen circumstances, and you should ensure that you have sufficient medication to last in these circumstances Returning of completed repeat prescriptions: Each time you receive a delivery please give a completed prescription request to our delivery person (only tick boxes next to the items you need and please leave others blank) as we need to plan ahead; if you have your prescription changed by a doctor then please inform either the Delivery Team of the Dispensary.  If you miss a delivery in any month, or you occasionally collect your delivery from Measham Medical Unit, then please remember to hand in, or post, a completed repeat prescription to Measham Medical Unit for the next delivery (please ensure we receive your repeat script at least 2 weeks before your next delivery date).  Please let us know if you will either be on holiday or not at home for any delivery. If we do not receive a completed repeat prescription request then we will assume that no medication is required and will not delivery any medication for the following month.  We would prefer to deliver your prescription to yourself or an adult family member; however, we can leave it with another adult as long as you authorize this in advance. We may request a signature if your medication is given to someone other than yourself. In any event, we must hand the medicine to a person and we cannot leave it elsewhere, or post it through your letter box.  If you are not in when we call, then we will leave a card and we may ask you to collect it from Mea
A	<ul> <li>Admin</li> <li>Prescription request for next delivery</li> <li>Add 'Read coded entry' to patients record (9BZ)</li> <li>Add to dispensary schedule</li> </ul>

• Add to drivers schedule

• Form to be scanned onto patients record