HENFIELD MEDICAL CENTRE PATIENT MEDICATION COLLECTIION SHEET

PATIENT NAME	1st line of ADDRESS	TEL NUMBER	PAY For Presc Y/N *	FOR NON PAYMENT PLEASE ADVISE WHAT BOX TO TICK ON BACK OF PRESCRIPTION	NAME OF AUTHORISED PERSON TO COLLECT	COMMENTS

***If patient pays for their prescription they will be phoned for card details**

HENFIELD MEDICAL CENTRE PATIENT MEDICATION COLLECTIION SHEET

***If patient pays for their prescription they will be phoned for card details**