

Medication Delivery - Patient Request

You are requesting to have your medication delivered. Please could you complete the information requested below for our records.

To facilitate our deliveries, we use a delivery system called Pro Delivery Manager (PDM), and we need to seek your permission to upload to PDM some of your personal information. The personal details we upload will only be used to schedule and record deliveries. They will not be used by PDM for any other purpose or shared with third-party organisations. All data will be encrypted and handled in line with all GDPR and information governance policies.

The data we need to upload includes your **name, address and postcode** as well as your **telephone number, date of birth and NHS Number**. We will also upload a **mobile telephone number and/or email address** if you have provided them, so PDM can send you delivery status updates.

No information about your medicines or medical conditions will be involved.

It is important to stress that you **DO NOT** have to consent to the upload of your personal details, however, we will be unable to deliver your medications without this information.

Please complete and return to your normal surgery.

I give consent to Gunnislake Pharmacy to deliver my medications ongoing, I also consent to my personal information being upload to PDM the sole purpose of which will be to facilitate the delivery process.

First Name Last Name

Address

Town/Village Post Code

If I am not at home, please could you deliver my medication to the following local person or leave it in this safe place:

Person/Safe place _____

Also, you may use the letterbox if the package will fit Tick for yes

If you have them: -

My email address so I can receive delivery tracking information is: _____

My mobile phone number on which the driver can contact me is: _____

Signature: _____

Date: _____