


NHS England Shropshire And Staffordshire Area Team

Confidential

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.

Part 1

The patient doesn't have to pay because he/she:

<input type="checkbox"/>	is under 16 years of age	<div>Pharmacy use only</div>  <div>Evidence not seen</div>
<input type="checkbox"/>	is 16, 17 or 18 and in full-time education	
<input type="checkbox"/>	is 60 years of age or over	
<input type="checkbox"/>	has a valid maternity exemption certificate	
<input type="checkbox"/>	has a valid medical exemption certificate	
<input type="checkbox"/>	has a valid prescription pre-payment certificate	
<input type="checkbox"/>	is named on a current HC2 charges certificate	
<input type="checkbox"/>	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate	
<input type="checkbox"/>	or his/her partner gets Income Support	
<input type="checkbox"/>	gets income-based Jobseeker's Allowance	
<input type="checkbox"/>	gets Universal Credit	
<input type="checkbox"/>	gets income-related Employment and Support Allowance	
<input type="checkbox"/>	or his/her partner gets Pension Credit Guarantee Credit	
<input type="checkbox"/>	gets Employment and Support Allowance	

I declare that the information I have given on this form is correct and complete.

I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges.

To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.

Part 2

I have paid £

Now sign and fill in Part 3.

Part 3

I am the patient ☐ the patient's guardian ☐ (Cross ONE box)

I agree that the information on this form can be shared with:

- My/the patient's GP practice to help them provide care to me/the patient
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy

Signature

Date

If different from overleaf, add your name and address below

Name

Address

Postcode

If you hadn't received a supply of your medicine from the pharmacy, what would you have done?

☐ Gone without my medicine

☐ Contacted my GP practice

☐ Contacted the out of hours GP service

☐ Visited A&E or an urgent care centre