

registration form

To ensure you get the most from our service, please fill in the form below in **BLOCK CAPITALS** and give to one of the Insync Pharmacy team or post to: Insync Pharmacy, 67 Thornhill Road, Cardiff CF14 6PE

Doctor

Surgery address

I wish to nominate a member of Insync Healthcare Pharmacy to order and collect my prescription on my behalf and to make arrangements for all my future prescriptions to be dispensed this way. This will include electronic transfer of my prescription and allows my dispensed medicines to be delivered directly to my home address.

I also give my consent in receiving repeat dispensing prescriptions and for Insync Healthcare Pharmacy to view my patient record at the surgery.

If I wish to change this arrangement I will inform Insync Healthcare Pharmacy.

Signature:

Date:

Surname:

Title (Mr, Mrs, Miss, Ms):

Forename/s:

Address:

Postcode:

Phone number:

Date of birth:

Please tick this box if you require free home delivery

Please tick if you do not wish to receive the free newsletter