



Online Prescription Patient Information Form

For Delivery of an NHS Prescription

The information in this section must be given in order for us to process your order and contact you in event of a query.

Patient Detail

Title:

Full Name:

Date of Birth:

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Delivery Address

Number and Street:

Town:

Country:

Postcode:

Contact Detail

Telephone No. (Day):

Telephone No. (Evening):

Mobile (If available):

Email (If available):

Payment Choice

Cheque*: Visa: Mastercard: Switch: Delta:

Card Number:

Name on Card:

Card Start date:

 Card Expiry date:

Issue number:

 (switch only)

* Please make cheques payable to Day Lewis Plc and add your address to the reverse

Your Consent: I confirm that the above information is correct. I consent to Day Lewis providing a mail prescription service and acknowledge that I can telephone a Day Lewis pharmacist about my prescription during normal office hours. I understand that Day Lewis will update me on developments of this service from time to time.

Signature:

Date:

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Please post this form, together with your signed prescription and evidence of exemption (if required) to:

Online Prescription Service
Day Lewis Plc.
2 The Square
Riverhead, Kent
TN13 2AA

Please allow 5 working days from posting your prescription before delivery.

Please be aware that you will be needed to be available to sign for receipt of the medicines.

Please call our FREE phone number on 0173 245 2452, if you have any inquiries about our prescription service.