

PRIVATE PRESCRIPTION

Patient Details		Prescriber Details	
Name:		Name:	
D.O.B:		Address:	
Address:			
		Post Code:	
Post code:		GMC/GDC/GPHC/NMC NO:	
<u>PRESCRIPTION DETAILS</u>			
QUANTITY	ITEM	PACK SIZE	DIRECTIONS
DELIVERY DETAILS: <input type="checkbox"/> Patient <input type="checkbox"/> Prescriber			
<input type="checkbox"/> Other (Please specify below)			

I can confirm that the above named patient on this prescription has consented for the items on this prescription to be delivered to the address provided above and the items on this prescription are only for the named patient.

I can confirm that the patient has nominated Pharmalyfe as their pharmacy for dispensing this prescription issued by me as the prescriber and the patient has consented to share their personal details (as stated on this prescription) to Pharmalyfe as part of the GDPR/Data Protection Act.

I can confirm that a face-to-face consultation with the patient has been completed and appropriate clinical oversight is being carried out for the patient's treatment plan.

I can confirm that if I have considered it appropriate for an associated practitioner to administer this prescription to my patient, under my direction, the named practitioner has been appropriately trained and insured, and I consider the said practitioner to be professionally competent.

I can confirm that I am fully aware of and accept clinical, professional and legal responsibility for prescribing outside the licensed indications of any of the prescribed products, wherever applicable.

I agree to adhere to the rules set out by all regulatory bodies such as the GPHC, MHRA, HMRC and all other relevant regulatory bodies associated with my practice and procedures. I can also confirm that I have the appropriate training and insurance for the prescribing/treatments for the named patient. By using the services of Pharmalyfe, I agree to the terms and conditions set out and take full responsibility for the items I am ordering and I am doing so in the best interest of patient safety. I hereby declare that the above statements are true.

Signed: _____

Date: _____

Any additional comments: