

MUCH WENLOCK & CRESSAGE MEDICAL PRACTICE

Kingsway Lodge Clifton Lodge
King Street Sheinton Road
Much Wenlock TF13 6BL Cressage SY5 6DH
Tel: 01952 726011

CONSENT FOR COLLECTION OF MEDICATIONS

Patient's Name: _____ **Date of Birth:** _____

Home Address: _____

I give permission for (insert full name) _____

Address _____

Telephone

To collect medication from Cressage Dispensary on my behalf.

I understand that this permission will remain in force until cancelled by myself in writing. A signed letter will be required to cancel this arrangement and e-mail or verbal changes to this request will not be accepted.

Nominated Person's Signature: _____

Signed _____ (Patient)

Date _____