

Fourway Pharmacy

12 Half Moon Lane, Herne Hill, SE24 9HU



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www.fourwaypharmacy.co.uk

Do you have Repeat Prescriptions?

We have a new FREE prescription ordering and collection service. Simply hand in your repeat prescription slip to our staff and arrange a date to collect your medicines. We will order the prescription for you and send you a **text message** when it is ready!

If you prefer to order your own prescriptions we can collect them for you and let you know by **text message** when they are ready. This service is also FREE!

I want to order my prescriptions myself	I want Fourway Pharmacy to order my prescription for me
<p style="text-align: center;"></p> <p>1. If you attend Elm Lodge Surgery, Herne Hill Group Practice or Brockwell Park Surgery, simply place one of our orange Fourway Pharmacy stickers on your prescription request form, or clearly write Fourway on it. We will collect the prescription and send you a text message when it is ready.</p> <p>2. If you attend a different surgery please ask our staff for a stamped Fourway Pharmacy envelope to hand in with your prescription request. They will post the prescription to us and we will send you a text message when it is ready.</p>	<p style="text-align: center;"></p> <p>Just fill in the registration form below, hand in your repeat prescription slip to our staff and arrange a date to collect your medicines.</p> <p>We will order the prescription for you and send you a text message when it is ready!</p> <p>We will do all the work for you, and can make sure that we have the enough stock for your prescription because we know when it is coming!</p>

Both these **FREE services** will save you trips to the surgery and mean less waiting time at the pharmacy.

You will still have the opportunity to ask our pharmacist any questions about your medication.

1. to take advantage of our FREE text alert service please complete the boxes below

Name and address:

Mobile number:

2. to take advantage of our FREE prescription ordering and collection service please sign below:

I give permission for Fourway Pharmacy to order and receive prescriptions from my surgery. I understand that I can cancel this arrangement at any time.

Dr's name:

Signed (patient)

Surgery name and address:

If you are the patients carer or parent, please print your full name: