

**REQUEST FOR MEASHAM MEDICAL UNIT DISPENSARY PRESCRIPTION
MEDICINE DELIVERY SERVICE**

NAME OF PERSON REQUIRING DELIVERY:

DATE OF BIRTH:

ADDRESS FOR DELIVERY:

Are you a permanent resident ?

Yes/No

TELEPHONE NO.:

MOBILE NO.:

If you are requesting delivery on behalf of someone else please complete details below:

Name:

Relationship to above:

Address:

Contact tel. no. (please include mobile if appropriate):

Any special delivery instructions (we may need to discuss these with you):

SIGNED (please print name also):

DATE:

Please read the enclosed Terms of Delivery. If you have any questions then please contact 01530 279675 and leave your name and address and we will call you back.

rsc/10.8.07