BALLASALLA GROUP PRACTICE

manx care
Kiarail Vannin

Patient Consent Form
For another person to collect their prescription/sick note/other documents

Patient's Details (The person who authorises collection)		
Surname:	First Name:	Date of birth:

It may be easier for you to arrange for us to send your repeat prescription to a designated pharmacy, ask at reception about this

Please tick which items you authorise

☐	☐	☐	☐
Prescriptions	**Sick Notes**	**Documents that can be Collected from reception**	**Make/Cancel appointments**

Please note ID must be shown

Details of person/s to be given authorisation to collect the above items on the Patient's behalf	
Full Name:	Tel no:
Full Name:	Tel no:
Full Name:	Tel no:

Please note ID must be shown

If more than three people are to be given access then please list the above details for each additional person on a separate sheet of paper

I confirm that I give permission for Ballasalla Group Practice to allow the above person/s to collect items on my behalf. I will inform the practice in writing if there are any changes to the above.	
Signature of patient:	Date: