



COX & ROBINSON

Patient Registration Form
Prescription Collection from GP Surgery

We can collect prescriptions from your local GP surgery and dispense them ready for you to collect from the pharmacy. Please complete this form and post, email or fax to your local branch of Cox & Robinson.

Full details of all our branches are available on our website.

Your Details

Name

Address

Postcode

Telephone

Details of GP

Name of GP

Surgery Address

Postcode

Telephone

Please read and sign below

I authorise Cox & Robinson pharmacy to collect my prescriptions from my GP surgery. This can be in person or by electronic transfer methods.

I will contact you, if at any time I wish to amend this agreement.

Signed

Name

Date