



CONFIDENTIAL- Minor Eye Conditions Service

PRIVATE & CONFIDENTIAL

To the Pharmacist.
Please supply to:

DoB
GP Practice:

Preparation

Signed:

Date:

Practitioner:
GOC Number:

Address:

Written Order in accordance with Section 5 of Schedule 5, article 11(1)(a) of Statutory Instrument 1997 No. 1830 as amended by Section 8 of Statutory Instrument 2005 No. 76

The medication prescribed on this form may be supplied under the NHS from pharmacies participating in the local NHS Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service. This is free of charge except where a patient pays a prescription charge.

Note: Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions.

The patient doesn't have to pay because he/she:	
<input type="checkbox"/>	is under 16 years of age
<input type="checkbox"/>	is 16, 17 or 18 and in full-time education
<input type="checkbox"/>	is 60 years of age or over
<input type="checkbox"/>	has a valid maternity exemption certificate
<input type="checkbox"/>	has a valid medical exemption certificate
<input type="checkbox"/>	has a valid prescription pre-payment certificate
<input type="checkbox"/>	is named on a current HC2 charges certificate
<input type="checkbox"/>	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
<input type="checkbox"/>	or his/her partner gets Income Support
<input type="checkbox"/>	gets income-based Jobseeker's Allowance
<input type="checkbox"/>	gets Universal Credit
<input type="checkbox"/>	gets income-related Employment and Support Allowance
<input type="checkbox"/>	or his/her partner gets Pension Credit Guarantee Credit
<input type="checkbox"/>	gets Employment and Support Allowance
<p>I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.</p>	
Part 2	I have paid £ <input type="text"/> Now sign and fill in Part 3.
Part 3	I am the patient <input type="checkbox"/> the patient's guardian <input type="checkbox"/> (Cross ONE box)
Signature	<input type="text"/> Date <input type="text"/>
If different from overleaf, add your name and address below	
Name	<input type="text"/>
Address	<input type="text"/>
	Postcode <input type="text"/>

