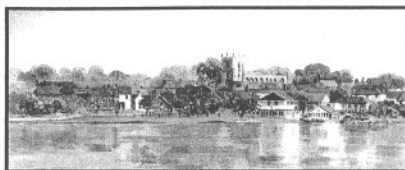


# Eastgate Medical Group



37 Eastgate Hornsea HU18 1LP Tel: 0844 499 4335  
Cross Street Aldbrough HU11 4RW Tel: 0844 499 4339  
Website: [www.eastgate-medical.info](http://www.eastgate-medical.info)

## REPEAT MEDICATION HOME DELIVERY SERVICE

Following a review of our Dispensing services we are able to offer a **free daytime delivery service** to dispensing patients from July 2007. Our priority is for elderly and infirm patients and those who have difficulty coming to the surgery to collect their medicines. However, the service will be available to all our dispensing patients.

To register, complete the reverse of this leaflet and return to the dispensary.

- Patients will be advised of delivery day and approximate time when ordering
- A responsible adult (aged 18 or over) must be at home to sign for receipt
- If no-one is home a slip will be left and the medicines will be returned to the surgery for you to collect.

# Eastgate Medical Group

## HOW TO REGISTER FOR THE HOME DELIVERY SERVICE

In order to register for our **free daytime home delivery service** for repeat medication please complete the tear off slip at the bottom of this form and return to our Dispensary.

### When ordering your repeat medicines:

- Please request home delivery on each occasion you order your repeat medicines
- You will be advised of the day and an approximate time for delivery
- Please ensure that you or a responsible adult over 18 are at home to accept and sign for the delivery

### PLEASE NOTE

- If there is no-one at home to accept and sign for the delivery, the medicines will be returned to the surgery and available for collection from our dispensary the following day.
- We will not have space or facilities to deliver on days other than those scheduled for your area.
- Certain drugs (eg: controlled drugs) are not suitable for home delivery. We reserve the right to refuse requests in these cases.

Please register me for the Home Delivery Service. I have read and understood the information above and agree to abide by the conditions of registration.

Full Name .....

Address.....  
.....

Telephone Number ..... Date of Birth .....

Signature .....