



Drs Flannery, Windsor-Lewis & Stockton
Tywyn Health Centre
Tywyn, Gwynedd, LL36 9HL
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Home Delivery Consent Form

I _____ hereby give my consent to receive a home delivery service between **11:00 and 2:00pm on Tuesdays & Thursdays** until further notice.

The address for the delivery is: _____

The person/s authorised to take receipt of my delivery is as follows (name and date of birth required)

If there is no-one home when we call and you would like us to leave your medication in a "safe place", please specify it's location here. **NB : Under no circumstances can we leave controlled drugs without a signature:**

Please be advised you will need to place your order by **Midday the Friday before your delivery (5 working days before)** using your repeat medication request form or My Health Online. If any of the items you have ordered require updating, this can be accommodated within the 5 working days mentioned above.

Signed: _____

Date: _____

Print name: _____