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SHEBBEAR COLLECTION SCHEME

We would be grateful if you could fill in this form and return it to us. Many thanks.

Name.....

Address.....

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I, the undersigned, patient of Blake House Surgery, hereby authorise my prescription to be delivered to Shebbear Shop and stored ready for collection by myself or authorised representative.

I acknowledge that my medication will be handled by personnel who have no direct employment at Blake House Surgery

Signed.....

Date.....