

Bourne Galletly Practice Team

Dr Ian Pace Dr Antony Wright Dr Paul Cregor
Mr Ian Robinson Dr Rebecca Mitchell
The Surgery, 40 North Road, Bourne, Lincolnshire PE10 9BT
Phone: 01778 562200 Fax: 01778 562207

At Bourne Galletly Practice we are commencing a free home delivery service for all our dispensing patients. If you would like to have your prescription delivered please fill in the consent form below and return to the Dispensary. We recommend that you order your prescription using the NHS App which is available to download from the App Store.

Delivery days will be:

Monday order by previous Wednesday	Tuesday order by previous Thursday	Wednesday order by previous Friday	Thursday Order by previous Monday
Obthorpe	South Fen Road	Cawthorpe	Thurlby
Wilsthorpe	Spalding Road	Hanthorpe	Baston
Braceborough	Twenty	Morton Fen	Langtoft
Greatford	Dyke	Morton	Tongue End
Carlby	North Fen Road		
Manthorpe	Haconby		
Witham on the Hill	Dunsby		
Toft	Rippingale		
Lound	Dowsby		
Edenham	Milthorpe		
Grimsthorpe	Aslackby		
Swinstead			
Little Bytham			
Elsthorpe			
Bulby			
Hawthorpe			
Kirkby Underwood			
Stainfield			

Please ensure you order your repeat prescription at least by the day stated above. We need at least 3 working days before your delivery day to enable our dispensary staff time to order and complete your prescription for the delivery day.

Bourne Galletly Practice Team

Dr Ian Pace Dr Antony Wright Dr Paul Cregor
Mr Ian Robinson Dr Rebecca Mitchell
The Surgery, 40 North Road, Bourne, Lincolnshire PE10 9BT
Phone: 01778 562200 Fax: 01778 562207

Home delivery consent form

Please Print Clearly

I hereby give my consent to receive a home delivery service on the following basis:

Your delivery will take place on a day to be confirmed each month commencing 1st April 2021 until further notice.

The address for the delivery is: _____

The person/s authorised to take receipt of my delivery are as follows (insert name/s or write 'any recipient at this address') We will post through letterbox but are unable to leave medication in a 'safe place' . If the item is too large for the letterbox and no-one is home the prescription will be returned to the surgery to be collected at your convenience.

Prescription charge payable YES / NO (delete as appropriate)

If NO please state reason for exemption

Signed: _____

Date: _____

Print name: _____