



CONFIDENTIAL- Minor Eye Conditions Service

PRIVATE & CONFIDENTIAL

TO THE PHARMACIST Please supply to

INSERT PATIENT NAME AND ADDRESS

DOB

NHS NO [if known]

INSERT GP PRACTICE DETAILS

Preparation[s]

Signed:

Date:

Practice Address:

Practitioner: GOC Number:

Comments:

<insert reason for OTC policy exemption>

Pharmacy / CCG Use

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

Provided by Primary Eyecare Services

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 (unless they are exempt on age grounds, and their age is printed on the front of this prescription). Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you are unsure about whether you are entitled to free prescriptions, pay and ask for an FP57 form. You cannot get one later. The FP57 tells you about getting a refund.

The patient doesn't have to pay because he/she:		Pharmacy use only Evidence not seen
<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"/>	has a valid War Pension exemption	
<input type="checkbox"/>	is named on a current HC2 charges certificate	
<input type="checkbox"/>	was prescribed free of charge contraceptives	
<input type="checkbox"/>	gets income support or income related Employment and Support Allowance	
<input type="checkbox"/>	gets income-based Jobseeker's Allowance	
<input type="checkbox"/>	is entitled to, or named on, a valid NHS TAX Credit Exemption Certificate	
<input type="checkbox"/>	has a partner who gets Pension Credit Guarantee Credit (PCGC)	

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. 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 and by the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.

Part 2	I have paid	£	Now sign and fill in Part 3.	
Part 3	I am	the patient	the patient's guardian	(Cross ONE box)
Signature				Date
If different from overleaf, add your name and address below				
Name				
Address				
			Postcode	