

2016

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Prescription delivery

Pharmacy for the body, mind and soul...

www.alphabetpharmacy.co.uk

We can provide all of your prescription medicines...

There are a wide range of ways that we can supply your medicines. Whether you receive paper or electronic prescriptions, each month or as a batch of repeats we will help you find the way that suits you.

Trust Alphabet Pharmacy

It's as easy as A, B, C...

Whether it's a one-off prescription or a regular repeat prescription, our team will give it the same high level of care and make sure that you receive your prescription when and where it is convenient to you.

Sign up for free local delivery

Let us take the worry and stress out of your repeat prescriptions! We can manage your prescriptions by ordering, collecting and delivering within ten miles of our pharmacy for free.

We also deliver many prescription medicines nationwide via postal services for a small charge.

Ordering your medicines

You can order your prescriptions yourself or we can order them for you each month.

If you'd like us to take care of it we'll contact you before placing an order to check what you need. You can leave the rest to us!

Electronic prescriptions

Your GP may have started writing your prescriptions electronically or in batches if your medical condition is stable.

Our team will be able to advise you about which types of service your GP offers and whether you may be eligible.

Sign up on the back of this leaflet and get in touch. We'd love to hear from you.

Face to face advice

We are an online pharmacy but we don't let that stop us providing the highest levels of patient care. We provide ongoing advice and care by Skype and Facetime.

*...Alphabet
pharmacy
bringing your
pharmacy
to you*

Declaration and consent...

I authorise Alphabet pharmacy to order and collect my prescriptions from the below named surgery according to my instructions and to deliver my dispensed medicines to the address that I provide. I consent where necessary to my pharmacy contacting me on the phone number or e-mail provided for purposes associated with this service. I will inform Alphabet pharmacy if I wish to change these arrangements. The information you provide will not be disclosed to any third parties.

Name:
Address:
E-mail:
Mobile:
GP name and address:
D.O.B:
Signature:
Date:

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