

COLLECTION POINT

McKay⁺
Pharmacy

my local
pharmacy

- >> Contactless Collection
- >> Avoid the Regular Queues
- >> Quick and Easy
- >> See overleaf for more details



sign up now at www.mckaypharmacy.com or
fill in a consent form overleaf!

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Using the collection point

- register
- order your repeat prescription as usual & nominate McKays
- we will collect and dispense your prescription
- you will receive a 6 digit PIN valid for 5 days
- collect your prescription by entering the PIN into the machine

it's that easy!!

Consent

Collection point is a safe & secure automated way to collect your prescriptions without the need to wait in a regular queue. Your prescription can be collected quickly and easily from the machine during branch opening hours.

It is quicker and easier for you, removing the need for you to queue and lets the pharmacy team engage with other queries.

Some medicines are unsuitable to be collected by this method - ask a member of staff for more details.

I consent to the following:

- McKay Pharmacy collecting prescriptions on my behalf from my GP practice
- McKay Pharmacy requesting prescriptions to be ordered from my GP practice on my behalf on some occasions
- Receiving information by SMS text message
- Engaging with my pharmacist at any other time that they - or my GP - deem appropriate for the benefit of my health & wellbeing. This is recommended at least twice a year.

I understand that any information gathered for me to use the collection point will be kept confidential and secure, as outlined in GDPR Privacy at www.mckaypharmacy.com/privacy-policy.

I have read and understood all the above information about the collection point and am able to make an informed decision about using it to collect my repeat prescriptions.

I wish to collect my prescriptions (or those of a child under 18 years old under my care) from the Collection Point under the terms and conditions stated.

Name (printed) **DOB:**

Address:

Mobile number:

Email:

Name if signing on behalf of a child under 18:

Signature: **Date:**

Name of GP/Practice: