

Sending paper prescriptions to Echo

This form needs to be completed and sent to Unit 1 Westpoint Trading Estate, Alliance Road, Acton, W3 0RA in order for Echo to process and send you your order.

Prescription details

Please print in **CAPITAL LETTERS** using black or dark blue ink.

1. Are you getting a prescription on behalf of yourself or someone else?

Mark only one oval.

- I am getting a prescription for myself
 I am getting a prescription for someone else

2. Full name:

Please tell us the name which is printed on the prescription. This should match what the GP has on record

3. Date of Birth:

Please tell us the date of birth which is printed on the prescription. This should match what the GP has on record.

4. NHS no:

10 digit NHS number. You can find this at the top of the paper prescription.

5. Address registered with GP:

Please ensure you provide us with the full address registered with the GP. You can find this at the top of the paper prescription.

6. Is the prescription paid for?

Please note if the prescription you are sending us is normally paid for we will contact you once we have received it to take payment.

- Yes, this prescription requires payment [Go to Question 9]
 No, this prescription is exempt from payment

7. Exemption

Please select the exemption status carefully as this will be submitted directly to the NHS Business Services Authority.

- A | Under 16 years of age
- B | 16 - 18 years of age and in full time education
- C | 60 years of age or over
- D | Valid maternity exemption certificate
- E | Valid medical exemption certificate
- F | Valid prescription pre-payment certificate
- G | Valid War Pension exemption certificate
- H | Income Support or income-related Employment and Support Allowance
- M | Entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- K | Income-based Jobseeker's Allowance
- L | Named on a current HC2 charges certificate
- S | Partner who gets Pension Credit guarantee credit (PCGC)
- X | Contraception

8. Exemption evidence

Please enclose a copy of the exemption evidence. This is optional but it is your responsibility to ensure that the exemption is valid.

- I confirm my exemption evidence is valid.

9. Does the prescription contain a controlled drug?

- Yes
- No

10. If you are sending a prescription containing a **schedule 2 controlled drug** we require the dispensing surgery to stamp and date this form in order for us to process it.

Please ask the dispensing surgery to stamp and date this form before sending it to us. This is to confirm you are sending this prescription on behalf of yourself or for someone who you manage medication for.

Order Details

Please print in **CAPITAL LETTERS** using black or dark blue ink.

11. Delivery address:

Once we have processed the prescription, you should allow up to five working days for the medication to be delivered by Royal Mail.

12. Email address:

This will only be used to contact you regarding the processing of this prescription.

13. Phone Number:

This will only be used to contact you regarding the processing of this prescription.

Declaration

This declaration must be completed in order for us to process this prescription. If this declaration is not completed we will be unable to process the prescription and the prescription will need to be destroyed.

14. If you are sending this form on behalf of yourself, please confirm the following:

Tick all that apply.

- I agree to Echo's terms and conditions echo.co.uk/terms-and-conditions
- I have read and agree to Echo's privacy policy echo.co.uk/privacy-policy
- Echo can use my Summary Care Record to safely dispense my medication.
- I understand the time it will take for Echo to process and deliver the prescription once it is received.

15. Please PRINT your full name and sign below

16. If you are sending this form on behalf of someone else, please confirm the following:

Mark only one oval.

- I agree to Echo's terms and conditions echo.co.uk/terms-and-conditions
- I have read and agree to Echo's privacy policy echo.co.uk/privacy-policy
- Echo can use my Summary Care Record to safely dispense my medication.
- I understand the time it will take for Echo to process and deliver the prescription once it is received.
- I confirm that I have the right to request medication on the patient's behalf, as approved by the GP.

17. Please PRINT your name and sign below - by doing this you acknowledge you are signing this on behalf of the person you are managing medication for

Please print and send this form with your paper prescription enclosed to:

Unit 1 Westpoint Trading Estate, Alliance Road, Acton, W3 0RA