



**NHS Borders Medicines Review Service
Patient Consent Form**

Community Pharmacy Stamp or Address

Patient name and address	<div style="border: 1px solid gray; padding: 5px; margin: 10px auto; width: 80%;">Bag label</div>
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I agree that the information obtained during the service can be shared with:

- My doctor (GP) to help them provide care to me
- NHS Borders (the NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS Scotland and National Services Scotland (NSS) to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

Signature	
Date	