Patie	Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.																					
Part 1 The patient doesn't have to pay because he/she:																						
	is under	16 y	ears	of a	age												Pharmacy use only					
	is 16, 17 or 18 and in full-time education																	·				
	is 60 years of age or over																					
	has a va	lid m	ater	nity (exen	nptio	n ce	rtific	ate								Evidence not seen					
	has a valid medical exemption certificate																					
	has a valid prescription pre-payment certificate																					
	is named on a current HC2 charges certificate																					
	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate																					
	or his/her partner gets Income Support																					
	gets income-based Jobseeker's Allowance																					
	gets Universal Credit																					
	gets income-related Employment and Support Allowance																					
	or his/her partner gets Pension Credit Guarantee Credit																					
	gets Employment and Support Allowance																					
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 from																						
prescription charges.																						
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 NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.																						
Par	Part 2 I have paid £ Now sign and fill in I												n Par	t 3.								
Par		I ar	n	the p	atier	atient the patient's guardian (Cross ONE box)																
I agre	ee that the ir	nform	ation	on th	is for	n can	be s	hared	l with:													
 My/the patient's GP practice to help them provide care to me/the patient The NHS commissioner (or their agent) of this service to allow them to make sure the service is being provided properly by the pharmacy 																						
5	Signature Date																					
				lf	diffo	ent f	rom -	overk	aaf s	ndd 4	Olir-b	amo	and a	ddra	occ b	elow						
If different from overleaf, add your name and address below																						
	Name																					
	Address																					
												Pos	stcod									