

To be completed for patients who are exempt from NHS Prescription Charges

Community Pharmacy Optometry Supply Service (CPOSS)



Cannock Chase CCG
 North Staffordshire CCG
 South East Staffordshire & Seisdon Peninsula CCG
 Stafford and Surrounds CCG
 Stoke-on-Trent CCG

Practice Name.....

Practice Address

Practice Phone Number

.....

To the Pharmacist.

Please supply to:

Patient Name Patient Date of Birth

Patient address

.....

Preparation Required:

Optometrist Signature Date

Practitioner GOC No

Written Order in accordance with Section 5 of Schedule 5, article 11(1)(a) of Statutory Instrument 1997 No 1830 as amended by Section 8 of Statutory Instrument 2005 No. 76

Patient Name Date of Birth

The Patient does not pay because:

A	is 60 years of age or over <u>or</u> is under 16 years of age
B	is 16, 17 or 18 and in full-time education
D	has a valid maternity certificate
E	has a valid medical exemption certificate
F	has a valid prescription pre-payment certificate
G	has a prescription exemption certificate issued by Ministry of Defence
L	has an HC2 (full help) certificate
H	entitled to Income Support (IS) <u>or</u> Income-related Employment and Support Allowance (ESA)
K	entitled to Income-based Jobseeker's Allowance (JSA)
M	has a Tax Credit Exemption Certificate
S	has a Pension Credit Guarantee (including partners)
U	Entitled to Universal Credit <u>and</u> meets the criteria

The information I have given is correct and complete and I confirm proper entitlement to exemption

I am the patient

I am the patient's representative

To be completed by the patient / patient's representative
 I received (insert number) medicine(s) from this pharmacy

Signed Date

Was evidence of exemption seen? Yes?

No?