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| **Appendix 3: Exempt patient agreement form** | | | | | | | | | | | |
| Dear GP, |  | |  | |  |  |  |  |  |  |  |
| We consider the following patients “EXEMPT” for the reason listed and believe that unless the pharmacy continues to order their repeat prescriptions, patient care would be compromised. | | | | | | | | | | | |
| EXEMPT Patients are defined in relation to the patient’s ability, or not, to order their own repeat prescriptions either over the telephone via the POD service, on-line or direct with the GP practice. | | | | | | | | | | | |
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| **Name of Pharmacy** |  | | | **Exemption Key** |  |  |  |  |  |  |  |
| **ODS Code** |  | | | **Exemption 1 Cognitive Ability**: defined in relation to the patient’s ability, or not, to order their own repeat prescriptions either over the telephone via the POD service, on-line or direct with the GP practice | | | | | | | |
| **Type of pharmacy** |  | | | **Exemption 2 Mental Capacity:** defined in relation to the patient’s mental capacity not being sufficient to order their medications in a regular manner. | | | | | | | |
| **Primary contact name** |  | | | **Exemption 3 Physical Condition / Impaired Speech:** defined in relation to a patient’s physical condition or impaired speech ability and they have no relative or carer willing and able to order on their behalf - consent being given from legal guardian via the surgery. | | | | | | | |
| **Primary contact number/NHS e-mail** |  | | | **Exemption 4 MDS with DDA:** defined as patients who already has their medications are dispensed into a multi-compartment dosage system (MDS or Dossett Box) as per the Equality Act 2010. | | | | | | | |
| **Date of Submission** |  | | |  | | | | | | | |
| \* If agreed by the GP, they will ensure that the patient record is annotated with the information that “pharmacy is able to order their repeat prescription-exemption form approved” followed by GP name and date form was approved as a screen message via patient warning popup. | | | | | | | | | | | |
| \*\* The GP practice will be expected to communicate the outcome of the request (approved or rejected) to the community pharmacy, so they are kept informed | | | | | | | | | | | |
| \*\*\* Please can the pharmacy return this form to the GP at the following e-mail address: adderleygreen@stoke.nhs.uk or willowbanksurgery@stoke.nhs.uk | | | | | | | | | | | |
| **Patient Name** | **NHS Number** | **Address (first line)** | | | **Postcode** | **DOB** | **Exemption 1 Cognitive Ability** | **Exemption 2  Mental Capacity** | **Exemption 3  Physical Condition / Impaired Speech** | **Exemption 4  MDS** | **GP Surgery Name** |
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