

Exempt prescription or token

- ✓ Request evidence and check exemption (unless verified using RTEC)
- ✓ If no evidence presented, mark 'X' on the 'Evidence Not Seen' box
- ✓ Mark reason for exemption on behalf of patient
- ✓ Sign or place a mark in the signature box on behalf of patient (recommended), or leave blank
- ✓ Sort forms into exempt bundle – securing with an elastic band

If a patient is exempt from prescription charges, **mark the correct reason for exemption**

If a patient has not already signed the back of the form, it is recommended that **pharmacy staff sign/mark the prescription on behalf of the patient; or can choose to leave the signature box blank**

As it is only **good practice** to obtain signatures of those collecting Schedule 2 and 3 CDs, **this box can be left blank**

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If you paid Enter amount paid and sign below £ .

If you didn't pay Mark a line in one box and sign below

A is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)

B is 16, 17 or 18 and in full time education

D Maternity exemption certificate

E Medical exemption certificate

F Prescription prepayment certificate

G Prescription exemption certificate issued by Ministry of Defence

L HC2 (full help) certificate

H Income Support or Income-related Employment and Support Allowance

K Income-based Jobseeker's Allowance

M Tax Credit exemption certificate

S Pension Credit Guarantee Credit (including partners)

U Universal Credit and meets the criteria. *Find out more at www.nhsbsa.nhs.uk/UC*

Read the declaration and sign the form

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

! I understand that if I falsely claim, I may be issued a Penalty Charge Notice, and I may have to pay up to £100 - as well as my prescription charge(s).

I understand the NHS Business Services Authority may use and share my information within the NHS and with relevant Government bodies to check for fraud and mistakes. Find out more at: www.nhsbsa.nhs.uk/yourinformation

Signature Date On behalf of patient

Signature

SIGNATURE OF COLLECTOR OF SCHEDULE 2 & 3 CDs PHARMACY USE ONLY EVIDENCE NOT SEEN

If the patient normally pays for their prescriptions, **the amount paid must be entered into this section** by pharmacy staff on behalf of the patient

Paid prescription or token

- ✓ Request and **obtain prescription charge**
- ✓ Enter **amount paid** on behalf of the patient
- ✓ **Sign or place a mark in the signature box** on behalf of patient (recommended), or leave blank
- ✓ Sort forms into **paid bundle** – securing with an elastic band

If a patient claims to be exempt from prescription charges but evidence of this has not been provided, this box should be marked with an 'X'

