

Pharmacy Stamp

Consent to participate in the: NHS New Medicine Service

Patient name and address	Bag label
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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 England (the national 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 England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

Signature	Verbal Consent Obtained <input type="checkbox"/>	
Date		Contact Number:

Action	Date	Notes
Engagement		
Intervention		
Follow- up		