GP2Pharmacy

Working together for better patient care

Patient Exemption Declaration

Pharmacist / Pharmacy Details for the GP2P Consultation	
Name :	*Pharmacy Stamp*
GPHC No:	
Signature :	
Date:	

Don't pay – Indicate exemption category (put X mark):

A		is under 16 years of age
B		is 16 , 17 or 18 and in full time education
C		is 60 years of age or over
D		has a maternity exemption certificate
E		has a medical exemption certificate
F		has a prepayment prescription certificate
G		has a valid War Pension exemption certificate
L		is named on a current HC2 charge certificate
H		gets income support
K		gets income based job seekers allowance (JSA(1B))
M		is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
S		has a partner who gets Pension Credit guarantee credit (PCGC)

Payment – I have paid **£**

I am the: patient ☐ patient's representative ☐
child accompanied by representative ☐

Signed :_____Date: _____

Address if different from above:

_____

_____

For pharmacy use only
Cross if evidence of exemption not seen? ☐