



Dear Customer, by registering with us we will dispense your prescriptions for Medical Appliances (not drugs) promptly, discreetly, and free of charge at a time, place, and location of your choice. There are a lot of questions on this form but please don't let this deter you from filling it in, as the more information you can provide the better the service we can tailor to suit your specific needs. Your personal information is safe with us, we will never pass it on to anyone else and that is a promise! If you need any help completing this form or you want us to do it for you over the telephone, please feel free to call our helpline for advice 01604 595 696 we are always keen to help.

First Name(s)

Last Name

Date of Birth

Gender & NHS Number

Male Female

NHS Number if known:

(Each NHS Number is made up of 10 digits shown in a 3-3-4 format. Your NHS Number is unique to you. The number will appear on most official documents and letters you receive from the NHS, including prescriptions, test results or hospital appointment letters)

Email Address

Phone/Mobile Home: Mobile:

Do you have any communication difficulties? No Yes If Yes please explain:

How would you prefer to be contacted by us? Phone email SMS Text Other

If Other – please explain:

Best time to call? Morning Afternoon

Can we leave a message: No Yes

Home Address

City: Postcode:



GP Name

GP Address

 City: Postcode:

GP Phone Number

Electronic prescriptions are by far the fastest route to getting Manfred Sauer products as we will always have stock for same day dispatch (if we receive your script before 1pm) for next day delivery. If your GP is registered for the Electronic Prescribing Service (EPS) we or your GP can nominate all future prescriptions for Medical Appliances (not drugs) to be sent instantly to us via the EPS service. Paper prescriptions can also be sent via our freepost envelopes. Some other manufactures products may take us a bit longer to dispense depending on their availability and can be shipped separately if required.

If your GP can write Electronic Prescriptions (EPS) would you like to use this service?

No Yes

(if you are unsure we can check on your behalf please call our helpline 01604 595 696)

Medical Condition(s) (this information will help our staff understand your personal needs)

Are you exempt from prescription charges? **please state or you must pay fees** (unless if under 16 over 60which is an automatic exemption)

No Yes If yes please explain why:

Certificate Number:

Date Certificate expires:

What are your medical appliance needs?

Catheters Sheaths Drainage Bags Nephrostomy Bowel Stoma

Other please explain:

Delivery special instructions. We will need a signature to leave the parcel. Perhaps you would like it delivered to a workplace/friend/relative?

The parcel can also be left at a shop or pharmacy, near to your home, so you can collect it later. You can call us for details or check on the DPD website for details of participating businesses www.dpdlocal.co.uk or call our helpline.

(max 50 characters as this message will be passed onto the courier)



Customer Registration Form



Interlink Express/DPD will discreetly deliver your appliances so if you have an internet enabled device once we have given you the tracking number you can see exactly where it is and when it will be delivered within a 2hr slot and even delay its arrival or change delivery address. DPD also have an App to allow you to track the delivery easier.

Would you prefer to be kept up to date on your prescription delivery status – if so how?

No Yes

Phone in case of problems email SMS Text

If you don't use a mobile or email we (MSC) can call you to advise on when the delivery is due to take place – would you like us to do this No Yes

Complementary items with each delivery

Disposal bags No Yes

Wet Wipes bags No Yes

Dry Wipes No Yes

Would you like to discuss any aspect of product usage with one of our helpline advisers? (all have personal experience using the products to manage continence in the real world)

If so please indicate best number & time to call and if possible briefly describe what you would like to discuss.

Have you used another prescription home delivery service

No Yes If yes which one(s):

Where did you first hear about Manfred Sauer?

Hospital GP Continence service Spinal unit Friend Internet

Other please explain:

We will never sell or give your personal information to anyone (see statement of service conditions at end of this questionnaire)

If you are happy to be contacted by us with information about new products & services that we offer, please specify Yes/No and how you would like to be contacted *

No Yes

Email

Phone

Post

SMS text



Please sign & date this form to proceed with our service

Sign:

Print Name:

Date:

This form can be scanned and emailed to helpline@manfredsauer.co.uk or sent in one of our freepost envelopes usually accompanying the form. Alternatively put it in an envelope with a stamp and we will include a replacement stamp along with more information about our service so you are not out of pocket.

The Small Print about the personal information you provide above (but not in print so small that we don't want you to read it). To provide you with this service it is required that we comply with our NHS Dispensing Appliance Contract terms and conditions which states that we need to collect and share this information from time to time with your GP and other NHS healthcare professionals involved in your care. This will be done sensitively and handled in accordance to NHS Information Governance and the Data Protection Act 1998 and the key principals of Caldicott; in protecting the security and confidentiality of personal information. While we are serving you, your personal information may be disclosed to specific NHS medical personnel in the unlikely case for reporting of an adverse event, a complaint and/or the necessity to change or re-supply specific medical appliances; under these circumstances MSC will need to share identifiable data and information to comply with mandatory reporting obligations regarding patient safety as legislated by the appropriate government regulatory authorities. Should this ever be necessary we will inform you first. The delivery partners we use will only receive your address and any other information you have authorised us to pass on such as telephone/mobile number and special delivery instructions

You can revoke your consent at any time verbally to take immediate effect but ideally, we would also ask you to follow that up in writing as soon as possible.

Jan 17

(Manfred Sauer Care is a division of Manfred Sauer UK Ltd.)