

# Meta Healthcare Home Delivery Registration Form

Please email the form to [nash.chemists@nhs.net](mailto:nash.chemists@nhs.net)

Or complete the form and post to: Meta Healthcare,  
Ravalco House, Cleveland Way, Hemel Hempstead, Herts, HP2 7DA



For further information call: 0208 092 6141 or email us at: [info@metahealthcare.co.uk](mailto:info@metahealthcare.co.uk)

Details of Person Named on Prescription		
Full Name:		Tel No:
Address:		
Exemption Reason:		
Post Code:		
Email:		Mobile No:
Diagnosis:		Hospital No:
NHS/CHI No:		Spoken Language:
DOB:		Male: <input type="checkbox"/> Female: <input type="checkbox"/>

Main Contact Name		
As Above or Name:		
Relationship:	Parent <input type="checkbox"/> Carer <input type="checkbox"/>	Tel No:

Dietician and GP Details		
Dietician Name:		Tel No:
Hospital:		
GP:		
Address:		
Post Code:		Tel No:
Main Contact At GP Surgery:		

Product Details	
<b>PKU Golike Plus 3-16 years 30 sachets x 24g Pip Code – 415-9364</b>	<b>28/30 Day Monthly Qty</b> <input type="text"/>

This is a free service and by signing this form you consent to the details being passed to Meta Healthcare / Nash Chemist (FH780) our dedicated home delivery pharmacy.

<b>I would like Meta Healthcare / Nash Chemist (FH780) our dedicated home delivery pharmacy to manage the prescriptions for me/my patient</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
We will contact your GP to request prescriptions on your/their behalf.		
I the PKU patient agree for any data related to my PKU product supply to be shared with my prescribing clinician(s) / dietican(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is your request urgent Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature:	Date:
Please tick: Parent <input type="checkbox"/> Carer <input type="checkbox"/> Patient <input type="checkbox"/> Dietitian <input type="checkbox"/>		