



MEDICINE AUTHORISATION

Where the account holder is not suitably qualified to order medicines then medicines orders on the account can only be authorised in the following ways.

1. A nominated suitably qualified medical professional is employed by that account holder to be the person responsible for medicines for that account.
2. Individual prescribers who are employed by that account holder can issue prescriptions for patients that they are treating. In which case, each individual who will issue prescriptions needs to complete this form and will be provided with access to our pharmacy medfx's electronic prescription service Escript.

Account holders who are suitably qualified can also use this form in order to obtain access to our pharmacy Medfx's electronic prescription service Escript.

ACCOUNT TO BE AUTHORISED

Account Holder or Company Name

Account Code

REASON FOR COMPLETING THIS FORM

Please tick on which basis you are completing this form:

- I am the employee appointed and authorised to be responsible for medicine purchasing by the account holder and I am wishing to authorise the account to purchase stock medicines on the basis of my qualifications.
- I am a prescriber and I would like access to the Escript system so that I can issue prescriptions for dispensing by Med-fx pharmacy
- Both of the above

MEDICAL PROFESSIONAL DETAILS

Full name

Contact address

Profession Registration Number (GMC/GDC/GPhC etc.)

Direct mobile phone number

Direct email address

Valid driving licence or passport (*attached*)

Copy of up to date indemnity insurance included

MEDICAL PROFESSIONAL DECLARATION

I confirm that I am suitably qualified and experienced for the purchase of medicines on the account set out above and will notify DD immediately if this changes.

Where I have declared above that I am the person responsible for all medicine purchases for the account holder I acknowledge and understand that I am responsible for

- ensuring that my details held on the account are accurate
- notifying DD if I ever cease to work for the account holder
- notifying DD if I cease to be responsible for medicines for this account

I will ensure that any medicines are held in suitable storage conditions and a secure location until administered to the patient.

I will ensure that there is in place suitable insurance to cover any administration of medicines that are undertaken, and I attach a copy for reference.

I understand that medicines can only be sent to the business address of the account holder and that any request to make a change to the address for delivery will require verification.

I confirm that medicines will not be used for wholesale or export.

Where I am ordering medicines on the basis of a prescription:

- I confirm that the prescribed item(s) will only be used for the treatment of the named patient on the prescription and for aesthetics products I have undertaken a FACE TO FACE consultation with the named patient in line with professional standards
- I confirm that I have the consent of the patient to receive the delivery of prescribed products on their behalf, and that the patient has consented to MedFX pharmacy dispensing their prescription with the full understanding of their choice to use alternative pharmacies
- I confirm that the goods being ordered on prescription will NOT be used for wholesale or stock holding
- Prescribed medicines received will be for treatments that will only take place in the UK

Signed authorised healthcare practitioner (*in ink*)

Date

ACCOUNT HOLDER CONFIRMATION

I confirm that the above named individual is authorised by me to place medicine orders which will be invoiced to my account.

Signed account holder *(in ink)*

Date

This privacy notice sets out how DD Products and Services Ltd as the data controller, collects and processes your personal information in relation to your account.

As part of the DD Group of companies DD Products and Services Ltd complies with the DD Group Data Privacy Standard which can be found <https://www.ddgroup.com/help/privacy-statement/> which sets out the detailed information on how we process your personal information.

DD Group has appointed a Data Protection officer who can deal with any questions you have about the DD Group

Privacy Standard or about this notice generally. Details of the DPO can be found in the DD Group Data Privacy Standard.

The personal information we are collecting, as set out in this form, will be used to check against professional registers.

How we will use your personal information and the legal basis for its use: We will use this information to fulfil the contract with you as well as to comply with our legal obligations.

Sharing your personal information: We will share your information with regulatory authorities where required to do so as well as where we are using third party storage or data processing services.

Retention: We will delete your personal data after seven years from the date that you cease to be a customer unless legally required to keep it for longer.

IN OFFICE USE ONLY

Account code

TEAM:

Highstreet

Corporate

Health Authority

Any relevant notes for Sales Support (*i.e. Relating to Customer Types, Discounts*)

Registration checked with Professional body

Delivery Address Checked

Website Checked

Companies House Checked

Insurance Document received

ID Documents received

Info updated on CRM

OK To Proceed

Print

Signed (DD)

Date