



TEMENOS

Medical Centre

7, Townyard Court,
Townyard Lane,
Malahide, Co. Dublin.

Tel: 01 - 845 5994

Web: www.temenosmedicalcentre.ie

Third-Party or Pharmacy Prescription Collection Cancellation Form

This form confirms that I wish to revoke any consent I have previously given to a nominated pharmacy or any other nominated third-party to collect my prescription or other requested medical information on my behalf. From this point onwards I wish to be solely responsible for the collection of my own prescription and requested medical information.

Patient Name:

Patient Date of Birth:/...../.....

Previously Nominated Third-Party(s):

1.

2.

3.

I hereby revoke any consent previously given to a pharmacy or nominated third-party to collect my prescription or other requested medical information. I understand that I will now have to personally collect from Temenos Medical Centre any prescriptions or other medical information that I have requested, and I accept that Temenos Medical Centre will not release any of my medical information to anyone other than myself unless a new Third-Party Collection Consent form has been signed and submitted.

Patient Signature:

Date Signed:/...../.....