

GLUTEN FREE FOOD REQUIREMENTS PATIENTS MONTHLY ORDER FORM

Patient Name

Address

Patient Signature

Maximum no of
units allowed

1 unit is equivalent to 400g bread/rolls.
2 units is equivalent to 500a flour mix.

Patient to complete

Item	Product/Brand	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Please sign for receipt of your order

Date

Patient Consent

I agree for my data to be shared with the Cumbria CCG

Please remember to collect next month's order form

PHARMACY USE ONLY

Pharmacy Patient
Identification

Pharmacy Stamp

Please ensure that forms are completed in full for each patient.

Pharmacy Use

Unit Value	List Price	Quantity x List Price
Total		Total

1 unit is equivalent
to 400g bread/rolls.

2 units is equivalent
to 500g flour mix.

Exempt Charges Yes / No

Prepayment certificate Yes / No

Prescription Charges
paid

Dispensing Fees

Initial Set Up Fee

Total

Less Rx
Charges Paid

Total Claimed

What gluten-free products is available on the Gluten Free pharmacy Scheme ?		
Age group		New recommendation (per month)
Male	19-59 years	8 x 400g bread (or 4 x 500g mix suitable for making bread)
	60-74 years	
	75+ years	
Female	19-74 years	8 x 400g bread (or 4 x 500g mix suitable for making bread)
	75+ years	6 x 400g bread (or 3 x 500g mix suitable for making bread)
	Add 4 units if breastfeeding; or one unit if in the third trimester of pregnancy	
Child	1-3 years	6 x 400g bread (or 3 x 500g mix suitable for making bread)
	4-6 years	
	7-18 years	8 x 400g bread (or 4 x 500g mix suitable for making bread)
GF Food		Product Description
Flour		e.g. Flour mix, blended mix, white or fibre mix and multipurpose mix
Plain bread rolls and loaves		e.g. Brown bread, White bread
Part baked bread		e.g. White bread, Fibre loaf, Flat bread

1 unit is equivalent to 400g bread/rolls.

2 units is equivalent to 500g flour mix.

FP10SS0406

NOTE

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're not sure about getting free prescriptions, pay and ask for an NHS receipt FP57. You can't get one later. The FP57 tells you about getting a refund.

Part 1

The patient doesn't have to pay because he/she:

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 valid maternity exemption certificate
E ☐ has a valid medical exemption certificate
F ☐ has a valid prescription pre-payment certificate
G ☐ has a valid War Pension exemption certificate
L ☐ is named on a current HC2 charges certificate
X ☐ was prescribed free-of-charge contraceptives
H ☐ * gets Income Support (IS)
K ☐ * gets income based Jobseeker's Allowance (JSA (IB))
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)

Collectors of Schedule 2 & 3 CDs should sign their name:

Pharmacy use only

Evidence not seen

* Name: _____ Date of Birth: _____ NI no: _____

* Print the name of the person (either you or your partner) who gets IS, JSA (IB), PCGC or Tax Credit.

Declaration
For patients who do not have to pay.

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Now sign and fill in Part 3

Part 2

I have paid £ _____ Now sign and fill in Part 3

Part 3

Cross one box I am the patient ☐ patient's representative ☐

Sign here Date / /

Print name and address *

Postcode

*If different from overleaf