



# PATIENT'S MONTHLY ORDER FORM

page 2

## Gluten Free Supply Payment / Exemption Declaration

Patient declaration of exemption from charges. This must be completed each time a supply is made.

### The patient does not have to pay because he/she:

- A is under 16 years of age
- B is 16, 17 or 18 and in full time education  
**You're also entitled to use this service if you or your partner (including civil partner) receive, or you're under the age of 20 and the dependant of someone receiving:**
- C Income Support
- D income-based Jobseeker's Allowance
- E income-related Employment and Support Allowance
- F Pension Credit Guarantee Credit
- G Universal Credit and meet the criteria  
**If you're entitled to or named on**
- H a valid NHS tax credit exemption certificate
- I a valid NHS certificate for full help with health costs (HC2)

**Note to Pharmacy - you must indicate which exemption applies on Page 1 of this form**

**Declaration:** I declare that the information I have given on this form is correct and complete. I understand that if 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.

**Name:**

**Address:**

Sign \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I am the Patient  the Patient's representative