

This form will be processed more quickly if you fill it in using **BLACK INK in BLOCK CAPITALS** inside the boxes

## Maternity Exemption

Dear Doctor, Midwife, Health Visitor or Nurse, please keep these forms in a safe place. When pregnancy is confirmed, or if the patient has had a baby in the last 12 months, they may get free prescriptions. However, they must have a valid maternity exemption certificate before they are entitled to free prescriptions. The patient should use this form to apply for an exemption certificate.

The patient should fill in **Part 1** and **Part 2**. You should complete **Part 3**. When completed send the form to: NHS Business Services Authority, Prescription Exemption Applications, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN, in the envelope provided. Nurses should ensure the patient has been referred to antenatal care.

*Note: Your certificate will start one month before the date on which we get this form.*

### Part 1 ABOUT YOU

Title:  Mrs  Miss  Ms  Other

Surname:

First name:

House No:  Street:

Town:

Postcode:  Date of Birth (IMPORTANT):

Telephone number in case we need to contact you:

NHS number (from your medical card):

### Part 2 ABOUT YOUR PREGNANCY OR CHILD

I declare that: (tick the box that applies)

My baby was born on:

My baby is due on:

### PATIENT DECLARATION

This is my application for a prescription charge exemption certificate. I declare that the information I have given in Parts 1 & 2 of this form is true and complete and I understand that if it is not, appropriate action may be taken.

Signature

Date

### Part 3 DOCTOR'S, MIDWIFE'S, HEALTH VISITOR'S OR NURSE'S STATEMENT

I confirm that the information given in Part 1 is in accordance with the patient's records and the information given by the patient in Part 2 is correct.

Signature

Date

Midwife/Health Visitor/Nurse's UKCC Number:

GP's name (if none, write 'NONE'):

Address:

Postcode:

GP's or hospital doctor's stamp; or service doctor's name, rank, and establishment:



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Data Protection Act 1998: The NHS Business Services Authority will use the information to process your application. We will not disclose your Personal Data to any third party or transfer it outside of the European Economic Area. We may contact you to discuss your application and our quality of service to you. Your Personal Data will be deleted no later than 24 months after the certificate expires. Further details at [www.nhsbsa.nhs.uk/PrivacyPolicy.aspx](http://www.nhsbsa.nhs.uk/PrivacyPolicy.aspx)