



THE NAIROBI HOSPITAL

## REGISTRATION FORM FOR PRESCRIPTION MEDICINES DELIVERY SERVICE

### **1. Personal Details**

Patient's Full Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

UHID. Number: \_\_\_\_\_

### **2. How will you be sending the prescription to us? (may select more than one)**

Email           WhatsApp           Drop off at any of our pharmacy outlets

Please specify pharmacy outlet: \_\_\_\_\_

### **3. Delivery Address:**

Where would you like your medicine to be delivered?

Residence\*       For residence, your medicines will be delivered to your nearest G4S office

Office\*       For office delivery, kindly give details of your physical address and indicate any key landmarks that the courier may find helpful:

### **4. Mode of Payment**

Please indicate which will be your preferred mode of payment for your prescription medicines (NB: We note that this may change from time to time and will be confirmed with you with every order).\*

M-PESA           Medical Card           Bank transfer

\*Please note, at this time we are unable to process payment by debit/ credit cards. We apologise for any inconvenience.

### **5. Refill Reminder**

Would you like a reminder from us when your prescription is due for a refill?    Yes     No

If yes, kindly indicate what mode of reminder you prefer?

Telephone call           SMS           Email

**Any special needs/ comments**

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