INTRODUCING THE PREMIER SERVICE PHARMACY'

Chronic Medication Supply & Delivery Service

Dear Valued Customers,

We are excited to announce the launch of our complimentary Chronic Medication Supply & Delivery or Collection Service for repeat prescribed medication. At Premier Service Pharmaceutical (PSP), your health and well-being are our top priority. This convenient service ensures that you receive your medication timeously, safely and efficiently.

Benefits of Our Chronic Medication Delivery Service:

- Free delivery within a 20km radius from the closest Chronic Care, Premier Service Pharmacy
- Convenient delivery from Monday to Friday
- Convenient collection arrangement Monday to Friday
- Highest levels of confidentiality and professionalism guaranteed
- Peace of mind knowing your medication will be delivered

How to Register:

To take advantage of this service,

1.) Kindly complete the Chronic Medication Deliver Service – Registration Form
2.) Attach a copy of your valid repeat prescription
3.) Submit the completed registration form and valid prescription to your nearest Premier Service Pharmacy.

Once your registration has been validated, you will receive notification of your successful registration.

Contact Information:

For enquiries, please reach out to our dedicated Chronic Care team:

Address: Premier Service Pharmacy, 186 Fife Avenue, Harare, Zimbabwe

Telephone: (+263) 8677008274

Email: premierpharmacy@psmi.co.zw

Join our Chronic Medication Delivery Service today and experience the convenience of quality healthcare.

PSP – CHRONIC MEDICATION SUPPLY & DELIVERY SERVICE

REGISTRATION FORM

Personal Information ***PLEASE COMPLETE IN BLOCK LETTERS***

Mr / Miss / Ms / Mrs - Other please specify .....

Patient Full Names:.....

Surname.....

Whatsapp Mobile Contact Number/s .....

Home Contact Number .....

Business Contact Number :..... ext .....

Personal Email Address: .....

Delivery Information

House Number :.....

Street.....

Residential Area.....

Town: .....

Authorised Recipient:.....

Recipients Contact No:.....

Prescription & Medical Aid Information

Medical Aid:.....

Membership Number .....Suffix:.....

Patient D.O.B:..... Number of Repeats:.....

Signature:.....Date:.....

PLEASE SUBMIT THIS FORM TO YOUR NEAREST PREMIER SERVICE PHARMACY ATTACH WITH YOUR VALID REPEAT PRESCRIPTION.

For Internal Use Only

☐ **WEEK 1 (1st to 7th)**

☐ **WEEK 2 (8th to 14th)**

☐ **WEEK (15TH to 21st)**

☐ **WEEK 4 (22ND to 28th)**

PHARMACIES

BEITBRIDGE
(+263) 8677008088
BEITBRIDGE MEDICAL CENTRE, 97 PARKLANE

BULAWAYO
(+263) 8677008237
STANDISH BUILDING
86 JOSIAH TONGOGARA

MUTARE
(+263) 8677008241
VICTORY HOUSE CORNER
1ST STREET AND
AERODROME ROAD

PRESTIGE
(+263) 8677007424
186 FIFE AVENUE
HARARE

GWERU
(+263) 8677008249
DANZIGER HOUSE
62 - 6TH STREET

HARARE
(+263) 8677008243
14 BAINES AVE

EXTENDED HOURS
MONDAY TO FRIDAY:
08.00 TO 19.00 HRS

HARARE
(+263) 8677008250
47 GEORGE SILUNDIKA AVE

CUSTOMER SERVICE
+263 77 733 3351

PSMI

Integrated Family Healthcare Under One Roof