Millan Pharmacy London Road
294 London Rd, North End, Portsmouth PO2 9JN
Phone: 023 9266 0534
GPhC Premises No: 1031807

MDS Compliance Aid Request Form

Request support with MDS compliance aids / monitored dosage systems / Nomad trays.

Important GDPR Notice

Please do not include sensitive medical information, symptoms, diagnosis, medical history, or why you need a medicine. Only provide the basic information requested. If further information is needed, a member of the pharmacy team will contact you directly. Only authorised Millan Pharmacy staff members will have access to information submitted through this form.

About this form

Use this form to ask about MDS compliance aids, also known as monitored dosage systems or Nomad trays. Submission does not guarantee suitability; the pharmacy team will contact you to discuss the request.

Patient details

Full Name

Date of Birth

Phone Number

Email Address

Home Address

GP Surgery Name

Are you already using a compliance aid?

☐ Yes ☐ No ☐ Not sure

Preferred contact method

☐ Phone ☐ Email

Brief Request Details Basic details only - no medical history, diagnosis, symptoms, or reasons.

Consent

☐ I consent to Millan Pharmacy London Road contacting me about my MDS compliance aid request.

Signature

Date

For pharmacy staff use only

Date received: _____ **Patient contacted:** _____

Assessment needed: _____ **Notes:** _____

Accepted / declined: _____