

With repeat prescriptions being collected from servilocker, pharmacy staff have more time to assist customers at the counter.

Better quality service for everyone.

### **Getting started**

To use servilocker, you need to register with the pharmacy. Please complete the registration form overleaf and hand it to one of the pharmacy staff.

Large packages, such as incontinence products, and medication that needs to be refrigerated cannot be collected from servilocker.

We will send you a collection code. To receive it, you need an email address or a mobile phone. It is important that we always have the right phone number for you. If your phone number changes, please be sure to let us know.

If you have questions or would like more information about servilocker, please ask! One of our colleagues will be happy to help.



## Collect your prescription at a time that suits you!





### The convenience of servilocker



Servilocker is a self-service prescription pick-up solution that allows you to collect your medication at a time that suits you without the intervention of pharmacy staff.



your prescription is sent to the pharmacy



the pharmacy staff check everything is in order



your medicine is ready for collection



you receive a collection code



you collect your medication at a time that suits you

## This is how servilocker works

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X Cance

X Cancel

✓ Confirm

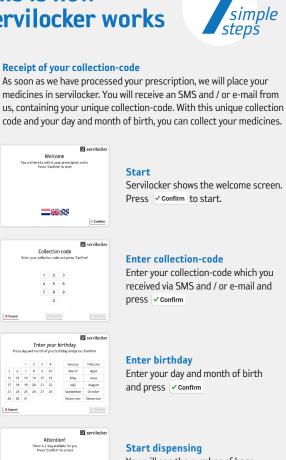
✓ Confirm 😒 servilocke

servilocke

Attention!

Thank you vard to serve

Remove your bag and press 'Confi



You will see the number of bags available for dispensing. Enter Confirm to start dispensing

**Confirm dispense** After removing your bag enter ✓ Confirm for closing the door.

Attention: When there is more than one bag to issue, the next door will be opened automatically.

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Ready

# **Registration form**

Please hand in this registration form at the counter or post it to your pharmacy.

Yes, I want to use servilocker and hereby confirm that I wish to receive notifications regarding the use of servilocker.						
Yes, I and my family want to use servilocker. I hereby confirm that we wish to receive notifications regarding the use of servilocker.*						
name						
date of birth (dd/mm/yyyy)						
mobile number						
email address						
street & house no.						
postcode & place						
are you registered Yes No, I would like to register						

\* Please use a separate registration form for each family member

date			
signature			