

Stamp y Fferyllfa  
Pharmacy Stamp

Oedran  
Age

Enw (yn cynnwys enw cyntaf) a chyfeiriad  
Name (including forename) and address

Peidiwch â stampio dros  
y blwch oedran Try not to  
stamp over age box

Dyddiad Geni  
Date of Birth

**ARCHEB WEDI'I HARWYDDO  
SIGNED ORDER**

Pecyn a nifer  
Pack & quantity

**Rhaid cyflwyno'r archeb hon i fferylllydd y GIG yng Nghymru.  
This order must be submitted to an NHS pharmacist in Wales.**

Llofnod yr Optometrydd Cymhwysol  
Signature of Qualifying Optometrist

Dyddiad  
Date

Rhif GOC neu rif Cofrestru Proffesiynol  
GOC Number or Professional Registration Number

Nifer yr  
eitemau a  
ddosbarthwyd  
No. of Items  
dispensed



Uywcaeth Cymru  
Welsh Government



Cleifion – a wnewch chi ddarllen y nodiadau drosodd  
Patients – please read notes overleaf

**Os oes angen help arnoch i lenwi'r ffurflen hon, gofynnwch i'ch fferyllydd**  
**If you need help to fill in this form please ask your pharmacist**

**Ydych chi'n cael presgripsiynau am ddim?** Os ydych wedi cofrestru gyda Meddyg Teulu yng Nghymru, neu os ydych yn byw yng Nghymru, a bod eich

**Do you get free prescriptions?** If you are registered with a GP in Wales, or are resident in Wales, and your prescription is dispensed in Wales you do not have to pay.

**Tystiolaeth.** Efallai y gofynnir i chi ddarparu tystiolaeth i ddangos nad oes rhaid i chi dalu. Os na allwch ddangos tystiolaeth bryd hynny, gallwch gael eich eitemau am ddim o hyd ond bydd eich Bwrdd Iechyd Lleol yn gwirio'ch hawl yn ddiweddarach os na fyddwch yn dangos prawf (gweler y paragraff am Gosbau).

**Evidence.** You may be asked to provide evidence to show that you do not have to pay. If you cannot show evidence at that time, you can still get your items for free but your Local Health Board will check your entitlement later if you do not show proof (see paragraph about Penalty Charges).

**Cynrychiolydd y Claf.** Os na allwch gasglu eich eitemau eich hun, gall rhywun arall fynd â'ch ffurflen ar eich rhan. Rhaid i chi lenwi **Rhan 1**. Rhaid i'ch cynrychiolydd lenwi **Rhan 2**.

**Patient Representative.** If you are unable to collect your Items yourself, someone can take your completed form for you. You must complete **Part 1**. Your representative must complete **Part 2**.

**Casglu Data.** Caiff gwybodaeth am yr eitemau ar y ffurflen hon eu prosesu'n ganolog i dalu'r fferyllydd am yr eitemau a roddwyd i chi. Hefyd, bydd y GIG yn defnyddio'r wybodaeth i ddadansoddi'r hyn a ragnodwyd a'r gost. Caiff y Gwasanaeth Atal Twyll a Rheoli Diogelwch, sef is-adran o Awdurdod Gwasanaethau Busnes y GIG, ddefnyddio'r wybodaeth ar y ffurflen hon i atal a chanfod twyll a diffyg cywirdeb yn y GIG.

**Data Collection.** Information about the items on this form will be processed centrally to pay monies due to the pharmacist for the items they have supplied to you. The NHS will also use the information to analyse what has been ordered and the cost. The Counter Fraud and Security Management Service, a division of the NHS Business Services Authority, may use information from this form to prevent and detect fraud and incorrectness in the NHS.

**Cosbau.** Os canfyddir y dylech fod wedi talu am eich eitemau, byddwch yn wynebu dirwyno a gallech gael eich erlyn o dan y pwerau a gyflwynwyd gan Ddeddf Iechyd 1999. Cynhelir gwiriadau arferol ar hawliadau eithriad gan gynnwys rhai lle gallai prawf fod wedi'i ddangos. Efallai y cysylltir â chi yn ystod gwiriadau o'r fath.

**Penalty Charges.** If it is found that you should have paid for your items, you will face penalty charges and may be prosecuted under the powers introduced by the Health Act 1999. Routine checks are carried out on exemption claims including some where proof may have been shown. You may be contacted in the course of such checks.

**Defnyddio meddyginiaeth.** Ddefnyddiwch y meddyginiaethau bob amser yn ôl y cyngor. Peidiwch byth â rhoi'ch meddyginiaeth i unrhyw un arall oherwydd y gallai ei niweidio. Os yw'ch meddyginiaeth yn achosi problemau i chi neu os oes gennych bryderon am ei heffeithiau, gofynnwch i'ch optometrydd, meddyg neu eich fferyllydd am gyngor.

**Using Medicines.** Always use the medicines as advised. Never give your medicines to anyone else it might harm them. If your medicines cause you problems or you have concerns over their effects ask your optometrist, doctor or pharmacist for advice.

**Meddyginiaethau heb eu defnyddio.** Os oes gennych unrhyw feddyginiaethau sydd heb eu defnyddio, dylech gael gwared arnynt drwy fynd â nhw'n ôl i'r fferyllydd.

**Unused Medicines.** If you have any unused medicines you should take them to a pharmacy for disposal.

Gorchymyn yw hwn ar gyfer teclun rhestredig a/neu feddyginiaeth restredig wedi'i lofnodi gan optometrydd cymwys yn unol â'i swyddogaethau yn y gwasanaeth iechyd yng Nghymru.

This is an order for a listed appliance and/or a listed medicine signed by a qualifying optometrist in pursuance of their functions in the health service in Wales.

**Rhan 1  
Part 1**

**Nid oes rhaid i'r claf dalu oherwydd:**  
**The patient doesn't have to pay because:**

Mae'r gorchymyn hwn wedi'i ddarparu fel rhan o'r gofal a gawsoch yn ystod eich apwyntiad WGOS gydag optometrydd cymwys.

This order has been provided as part of the care you received during your WGOS appointment with a qualifying optometrist.

**Datganiad:**

Rwy'n datgan bod yr wybodaeth ar y ffurflen hon yn gywir ac yn gyflawn. Os nad yw, deallaf y gellir cymryd camau priodol. Rwy'n cadarnhau bod gennyf hawl priodol i gael fy eithrio. Er mwyn galluogi'r GIG i wirio bod gennyf reswm dilys dros gael fy eithrio, ac i atal a chanfod twyll a diffyg cywirdeb, rwy'n cytuno i ddatgelu unrhyw wybodaeth berthnasol ar y ffurflen hon i'r Uned Priso Presgripsiynau, Gwasanaeth Atal Twyll a Rheoli Diogelwch y GIG, yr Adran Gwaith a Phensiynau ac Awdurdodau Lleol, ac i'r cyrff hynny, yn eu tro, gael datgelu'r wybodaeth honno hefyd.

Nawr gallwch lofnodi a llenwi **Rhan 2**

**Declaration:**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption, and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Units, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Now sign and fill in **Part 2**

**Rhan 2  
Part 2**

**Nid oes rhaid i'r claf dalu oherwydd:**  
**The patient doesn't have to pay because:**

Fi yw'r claf  
I am the patient

Fi yw cynrychiolydd y claf  
I am the patient's representative

Llofnodwch yma  
Sign here

Dyddiad  
Date / /

Printiwch eich enw a'ch cyfeiriad\* (PRIFLYTHRENAU)  
Print name and address\* (CAPITALS)

\*Os yw'n wahanol i'r cyfeiriad drosodd  
\*If different from overleaf

Cod Post  
Postcode

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