

Electronic Prescription Service Patient Nomination Request



Patient name

Address

.....

Telephone Number.....

DOB

NHS Number

I am the patient named above. Nomination has been explained to me by staff at my GP practice/community pharmacy/appliance contractor. I have also been given a leaflet about this. I have read the Nomination Leaflet and understand what I have to do. I will inform the pharmacy that I have nominated them.

I am the patient's parent, guardian, carer, patient advocate (delete as appropriate) and nominating on behalf of the above named patient

NAME:

ADDRESS:

Name and address of nominated dispenser:

Patient/Patient Representative Signature:

Patient/Patient Representative Phone Number:

Patient Telephone Numbers : Home:

Mobile:

Work:

Patient email address:

Staff Signature:

Date.....