

Electronic Prescription Service Patient Nomination Request

Patient name

Address

.....

Telephone Number.....

DOB

NHS Number

I am the patient named above/carer of the patient named above. Nomination has been explained to me by staff at my GP practice/community pharmacy/appliance contractor and I have been offered a leaflet which explains the EPS in more detail.

I confirm that patient nomination has been explained to me and I understand what I am consenting to.

I confirm that I have made my nomination of my own free will and have not been influenced or given an inducement to select a particular nomination

Name and address of nominated dispenser:

Patient Signature.....

Date.....

Staff Signature:

Staff Name: