

# 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**.....