

## Nominating a Pharmacy for your Prescription to go to Electronically

<b>Patient Name:</b>	<b>Surname:</b>	
	<b>Forename:</b>	
<b>Patient DOB:</b>	DD / MM / YYYY	
<b>Patient Address:</b>	<b>House Name/No.</b>	
	<b>Road Name</b>	
	<b>Locality</b>	
	<b>Town</b>	
	<b>County</b>	
	<b>Post Code</b>	

Is this the 1 <sup>st</sup> time you are nominating a pharmacy for your prescription to go to electronically?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If, no which pharmacy do you currently have an agreement with?	
<b>Which Pharmacy would you now like to nominate until further notice?</b>	
<b>Pharmacy Name</b>	<b>Pharmacy Address</b>

I have read and understood the attached patient information leaflet regarding the Electronic Prescription Service

Signed: \_\_\_\_\_ Date: \_\_\_\_\_