

# NHS Electronic Prescription Service

## Patient Nomination Request



Full Name:		
Address:		
Postcode:		
Telephone:	Mobile:	
Date of Birth:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Email Address:		
NHS Number: (this can be found at the top right hand section of your prescription)		
<b>Please provide your name and address if you are a representative of the patient.</b>		
Full Name:		
Address:		
Postcode:		
Telephone:		
<b>Name and Address of Nominated Dispenser:</b>		
<b>Fittleworth Medical Ltd</b>		
<ul style="list-style-type: none"><li>• 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.</li><li>• I have read the Nomination leaflet and understand what I have to do. I will inform the pharmacy that I have nominated them</li><li>• I understand that EPS is an NHS funded service and the Repeat Prescription Service is a separate service run by the pharmacy</li><li>• I confirm that I have made my nomination of my own free will and have not been influenced or given a gift to select a particular nomination</li></ul> <input type="checkbox"/> I am the patient <input type="checkbox"/> I am the patient's parent/guardian <input type="checkbox"/> I am the patient's representative		
Signed:	Date:	Time:
Print Name:		
Staff Name:		
Staff Signature:		Date: