



Welling Medical Practice

Electronic Prescription Service Release 2

Patient Nomination Request Form

(as part of the Electronic Prescription Service Release 2 process)

Patient Name	
Patient Address	
Date of Birth	
NHS Number	
Contact Numbers	Home: Mobile: Work:
E-mail address	

I am the patient named above. Nomination has been explained to me by staff at my GP surgery/community pharmacy/appliance contractor. I have also been given a leaflet about this service.

I have read the Nomination Leaflet and understand what I have to do.

I will inform the pharmacy that I have nominated them.

Name & address of nominated dispenser
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Patient Signature:

Date:

Staff Signature:

Date:

Staff print name:

Date: