



# Welling Medical Practice

## Electronic Prescription Service Release 2

### Patient Nomination Request Form

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

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

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**

Patient Signature:

Date:

Staff Signature:

Date:

Staff print name:

Date: