

Electronic Prescription Service (EPS)
Patient Nomination Form



Form EPS-NOM-D001

PATIENT NOMINATION REQUEST
(as part of the EPS Release 2 process)

Patient name and address:

DOB NHS Number (*if known*).....

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.

Name and address of nominated dispenser

Fourway Pharmacy
12 Half Moon Lane
Herne Hill
London
SE24 9HU

Patient, Carer or Representative Signature: _____

Staff Signature: _____

Date: _____