

Electronic Prescription Service Patient Nomination Request



Patients Details

Name:

Address:

.....

..... Postcode:

Patient email address:

Mobile Number: Home Number:

DOB:/...../..... NHS Number:

I am the patient named above.

I am the patient's (tick as appropriate) and nominating on behalf of the above named patient

Parent Guardian Carer Patient advocate

Name:

Address:

Mobile Number: Home Number:

Name and address of nominated pharmacy:

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I will inform the pharmacy that I have nominated them.

I have read and understood all information on Nomination found at: gpdirect.co.uk/EPS

I consent for GP Direct to send my prescriptions to the above nominated pharmacy

Date:/...../.....

Once you have completed the above form please email it to gpdirect@nhs.net