

# Electronic Prescription Service Patient Nomination Request

|                |  |
|----------------|--|
| Patient name:  |  |
| Address:       |  |
| Post Code:     |  |
| Telephone No:  |  |
| Date of Birth: |  |
| NHS Number:    |  |

|  |
|--|
| Name & Address of Nominated Dispenser: |
|  |

I am the patient named above/carer of the patient named above.*(delete accordingly)*

Nomination has been explained to me and I have also been given a leaflet that explains nomination. I have read the leaflet 'Explaining the Electronic Prescription Service – Information for Patients and Carers in England' and understand what I have to do.

|                          |  |
|--------------------------|--|
| Patient/Carer Signature: |  |
| If Carer, print name:    |  |
| Date:                    |  |

|                  |  |
|------------------|--|
| Staff Signature: |  |
| Print name:      |  |
| Date:            |  |