Atropa Pharmacy

ELECTRONIC PRESCRIPTION SERVICE

PATIENT NOMINATION REQUEST

Get your prescriptions delivered **FREE** to your door!

With a few details, including your doctor's address, we'll get you set up and registered for our service.

Patient Name: .....

Address: .....

..... Post Code: .....

Telephone No: ..... DOB: .....

Email: .....

NHS Number: .....

I am the patient named above/carer of the patient named above. Nomination has been explained to me by the staff at my GP practice/community pharmacy/appliance contractor and I have also been offered a leaflet that explains nomination.

Your doctor's surgery

Name: .....

Address: .....

..... Post Code: .....

Patient Signature: .....

Staff Name: .....

Staff Signature: .....

IN PARTNERSHIP WITH

NEW EARSWICK ALL BLACKS A.R.L.F.C.

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