

**The Wycliffe Medical Practice  
Patient Nomination Request for Electronic Prescriptions**

Form EPS-NOM-D001

Patient name and address:

DOB ..... NHS Number .....

I am the patient named above/ their representative. Nomination has been explained to me by staff at the 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.

Name and address of nominated dispensing contractor:

Patient Signature /  
Representative

Date

Print Name: \_\_\_\_\_

Please provide your name and address below if you are a representative of the patient:

Patient/ representative  
telephone Number

If a representative has been chosen: I the patient grant consent to the above named representative to approve/ amend my nomination.

Patient Signature and date:

Print Name: \_\_\_\_\_

Staff Signature and date:

\_\_\_\_\_

**Please take your nomination form to your preferred pharmacy or hand it in at the Practice and we will be sent to your chosen Pharmacy for processing**