Dr Paul Moore Dr Lucy Stewart Dr Howard Wright Dr Geraldine Vaughan Dr Kate Tranter Mrs Karen Ford

***QUAYSIDE MEDICAL PRACTICE***

Chapel Street Newhaven East Sussex BN9 9PW

Tel 01273 615000

Fax 01273 611527

[www.quaysidemedicalpractice.nhs.uk](http://www.quaysidemedicalpractice.nhs.uk/)

**Electronic Prescribing Pharmacy Nomination Form**

**Patient Details:**

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Address:** |  |
| **Home Telephone:** |  |
| **Mobile Telephone:** |  |
| **Email Address:** |  |

I, the patient named have completed the details above. I confirm that the Electronic Prescribing Service has been explained to me and I have also been offered a leaflet that explains nomination.

|  |
| --- |
| **Name and address of nominating Pharmacy/dispenser:** |
|  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Printed (please state relationship to patient if appropriate):** |  |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Admin Purposes:** | | | |
| Actioned by: |  | Date: |  |