

Form EPS-NOM-D001

PATIENT NOMINATION REQUEST
(as part of the EPS Release 2 process)

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:
