

E.T.P Nomination Form

Oakleigh Pharmacy. 253 Oakleigh Road North, Whetstone, London, N20 0TX.
Tel: 020 8361 8681 Fax: 020 8368 8681

Personal details:

Full name: _____

Full address: _____

Telephone: _____ Mobile: _____

Email: _____

Surgery Information:

Doctor's name: _____

Surgery name: _____

Surgery address: _____

I authorise Oakleigh Pharmacy to order my medication on contact from myself or my representative and collect my prescription from my surgery. I will inform the Pharmacy if I wish to make changes to this arrangement.

I would like Oakleigh Pharmacy to keep my repeat slip to order my medication automatically at the required interval and collect my prescription from my surgery. I will inform the Pharmacy if I wish to make changes to this arrangement.

I would like Oakleigh Pharmacy to collect, either in person or by means of electronic transfer, my prescription from my surgery. I will inform Oakleigh Pharmacy if I wish to make changes to this arrangement.

Are you the patient or the patient's representative providing these consents?

Patient

Representative (please note that by signing below you confirm that you are authorised to act on behalf of the patient and to give consent to the use of information as described in this form)

- Representative's full name: _____

- Relationship to patient: _____

Signature: _____

Date: _____