# NHS Electronic Prescription Service

## Patient Nomination Form

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|---|---|
| Patient Name & Address | |
| Telephone Number | |
| Date of Birth | |
| NHS number | |
| Select Pharmacy | ☐ **Benjamin Pharmacy**<br>263 Chingford Mount Rd, London E4 8LP, United Kingdom |
| | ☐ **Hatch Pharmacy**<br>30 Hatch Ln, London E4 6LQ, United Kingdom |

I am the patient named above/carer of the patient named above.
Nomination has been explained to me and I have also been offered a leaflet that explains nomination.

I would like to nominate *Benjamin Pharmacy / Hatch Pharmacy* as my nominated pharmacy for dispensing prescriptions issued by the NHS Electronic Prescription Service.

| | |
|---|---|
| Signature | |
| Date | |

**Benjamin** Pharmacy

NHS Electronic Prescription Service