**Electronic Prescription Service (EPS)**

**Nomination Form**

Please register for Electronic Prescription Service (EPS) by completing the form below and email to [sidcupmedical@nhs.net](mailto:sidcupmedical@nhs.net) or post to;

Sidcup Medical Centre,

2 Church Avenue,

Sidcup,

Kent,

DA14 6BU

**Electronic Prescription Service (EPS) – Benefits for Patients**

* You don’t need to go to the GP practice to collect your prescription or bring a piece of paper to the pharmacy
* You may not have to wait as long at the pharmacy (your prescription can be prepared before you arrive)
* Dispensing errors are less likely –pharmacists don’t have to re-type information from a paper prescription

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| --- | --- | --- | --- | --- |
| First Name | Click here to enter text. | | Address | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| Surname | Click here to enter text. | |
| DOB | Click here to enter text. | |
| NHS | Click here to enter text. | |
| Email Address | Click here to enter text. | |
| Home Telephone | Click here to enter text. | |
| Mobile | Click here to enter text. | |
| 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; | | | | |
| Pharmacy name | | Click here to enter text. | | |
| Address | | Click here to enter text. | | |
| as my nominated pharmacy for dispensing prescriptions issued by the NHS Electronic Prescription Service. | | | | |
| Print Name | | Click here to enter text. | | |
| Signature | |  | | |
| Date | | 19/03/2020 | | |