

# Patient Nomination Request

Full name:
Address:
Postcode:
Date of Birth
NHS Number: <i>(on the top right hand section of your prescription)</i>
Name and address of your nominated pharmacy:
Signed:
Print Name: <span style="float: right;">Date:</span>



## Electronic Prescription Service

A new way to get your medicines and appliances

### What does this mean for you?

You can now collect your prescriptions directly from a pharmacy of your choice if you sign up to this scheme.

### How can I use EPS?

Choose a pharmacy, fill in this form and hand it to a chemist of your choice or your GP.

### Can I change my pharmacy and get a paper prescription?

Yes, you can do this at any time. You can also change your nomination by telling your GP or simply registering with a new pharmacy.

### Is it safe and reliable?

Yes. For more information please ask at your local pharmacy or visit: <https://systems/hscic/gov.uk/eps>

### What do I need to do?

Complete, sign and take this form to a chemist of your choice or to your GP. They will advise you about the scheme.