

EPS Nomination Request Form

Electronic Prescription Service (EPS) allows your GP surgery to send your prescriptions electronically to your nominated pharmacy. Use this form to request Millan Pharmacy London Road as your nominated pharmacy.

Important GDPR Notice

Please do not include sensitive medical information, symptoms, diagnosis, medical history, or why you need a medicine. Only provide the basic information requested. If further information is needed, a member of the pharmacy team will contact you directly.

Patient Details

Full Name

Date of Birth

Gender

Phone Number

Email Address

Home Address

Postcode

GP Details

GP Surgery Name

Current Nominated Pharmacy

NHS Number

Comments / Notes

EPS Nomination Consent

By submitting this form, I confirm that I would like Millan Pharmacy London Road to become my nominated pharmacy for the Electronic Prescription Service (EPS). I understand that my GP surgery may send my prescriptions electronically to Millan Pharmacy London Road and that the pharmacy may access the information needed to dispense, prepare and manage my prescriptions safely.

I consent for Millan Pharmacy London Road to contact me if further information is needed and to update my EPS nomination where appropriate. I understand that I can change or withdraw my EPS nomination at any time by contacting the pharmacy or my GP surgery.

- ☐ I confirm I would like Millan Pharmacy London Road to be set as my nominated pharmacy for electronic prescriptions.
- ☐ I consent to Millan Pharmacy London Road processing this EPS nomination request and contacting me if needed.

Signature

Signature

Signature Date

Type your full name in print as your electronic signature.

For pharmacy staff use only

Date received:

Patient contacted:

Received by:

Notes:

Nomination processed: