



**COURTYARD SURGERY**

**Electronic Prescribing Service Patient Nomination Request**

Patient name: .....

Address: .....

.....

Telephone No: .....

D.O.B: .....

NHS Number (if known) .....

I nominate the following pharmacy to receive my electronic prescriptions  
Until advised otherwise – please tick one pharmacy below:

- |                          |                          |
|--------------------------|--------------------------|
| Boots - Swan Walk        | Nories                   |
| Boots – Bartholomew Way  | Denne – North Heath Lane |
| Boots – Southwater       | Roffey                   |
| Boots – Rudgwick         | Sainsburys               |
| Day Lewis – Park Surgery | Tesco                    |
| Superdrug                | Other                    |

**PLEASE TAKE THIS FORM TO YOUR NOMINATED PHARMACY**

Patient’s signature: .....

Date: .....



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