



mcgillpharmacy

PLEASE ENTER MCGILL BRANCH

My present GP Surgery is

**We understand that you would like:**

Your prescriptions to be sent from your doctor using the Electronic Prescription Service (EPS).(Or collected from your surgery if applicable)

The **FREE** ordering of my prescriptions from the surgery

A **FREE** telephone reminder when my repeat prescription is due so that I can confirm my order

The **FREE** delivery of your medicine to your home

Nomination has been explained to me and I have also been offered a leaflet that explains nomination. For further information on Electronic Prescription Service please contact the pharmacy direct. (see reverse)

Patient name

Address

Post code

Telephone No.

Patient signature

Date / /

**Other family member who may benefit from this FREE service**

Patient name

signature

Patient name

signature

The information contained in this form may be used solely for the purposes of helping us give a better service to you the patient and is not used, sold or rented to any third party for marketing other products. If you receive communication from us it is for the sole purpose of promotions through our company designed to benefit you the patient. If you do not want to participate in this please tick this box

Please remember your surgery will normally need 2 working days notice from placing an order.