

Electronic Prescription Service Nomination Request



Name and address of nominated Dispensing Appliance Contractor: -

Ostomed Ltd
Units 1 & 2 Area A, Creamery Industrial Estate, Kenlis Road, Garstang, Lancashire. PR3 1GD.

Patient Name.....

Address

.....

Telephone Number.....

Email Address

Date of Birth..... **Gender** Male Female

NHS Number.....

Doctor's Surgery.....

.....

- I am the patient.
- I am the patient's parent/guardian.
- I am the patient's representative.

If you are a representative of the patient, please provide your name and contact details below.

Representative's Name.....

Representative's Telephone.....

Nomination has been explained to me by staff at my doctor's surgery / pharmacy / appliance contractor and I have also been offered a leaflet that explains nomination. I have read the leaflet and understand what I have to do. I confirm that I have made my nomination of my own free will and have not been influenced to select a particular nomination.

Patient or Representative Signature..... **Date**.....