EPS NOMINATION FORM

FOR YOUR PHARMACY

Making your prescriptions simpler, faster, and paper-free.

The Practice of Health

NHS

WHAT IS THE ELECTRONIC PRESCRIBING SERVICE (EPS)?

The Electronic Prescribing Service (EPS) allows your GP practice to send your prescription electronically to your chosen pharmacy.

This means your prescription is stored securely online, ready for your pharmacy to dispense, without the need for a paper prescription.

SECURE
Prescriptions are sent and stored safely.

CONVENIENT
Your prescription is ready at your pharmacy when you need it.

ENVIRONMENTALLY FRIENDLY
Helps reduce paper usage.

1 PATIENT DETAILS

Full Name

Date of birth ____ / ____ / _____ NHS Number (if known)

Phone Number (Home / Work) Mobile

2 I WOULD LIKE TO USE EPS

I confirm that I wish to use the Electronic Prescribing Service (EPS) and electronically receive my prescriptions at the pharmacy named below.

Patient Signature Date ____ / ____ / _____

3 NOMINATED PHARMACY

I would like the following pharmacy to receive my electronic prescriptions.

Pharmacy Name

Pharmacy Address

4 ALTERNATIVE NOMINATED REPRESENTATIVE (optional)

If you would like someone else to be able to collect your prescriptions on your behalf, please provide their details below.

Full Name

Relationship to you

Phone Number (Home / Work) Mobile

Representative Signature Date ____ / ____ / _____

5 IMPORTANT NOTES

- You MUST give your express consent to use EPS and to nominate your pharmacy.
- You can change or cancel your nomination at any time.
- If you do NOT want to use EPS or do not nominate a pharmacy, your prescriptions will continue to be printed on FP10 paper prescriptions.
- Please inform your GP practice if you change your mind or choose a different pharmacy.

PLEASE HAND THIS FORM TO YOUR PHARMACY TEAM OR GP SURGERY

Your pharmacy or GP surgery will record your nomination and consent securely.