

E.T.P. Consent Form

Name:

Address:

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G.P./Practice:

I wish to nominate Anna Pharmacy as the pharmacy to receive my NHS ETP Prescriptions.

I am authorising Anna Pharmacy to order my repeat medication, collect and dispense my prescriptions (both Electronically and or Paper) on my behalf.

Signed

Dated

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Please complete and send to:

Anna Pharmacy 398 Greenwrythe Lane Carshalton Surrey SM5 1JF United Kingdom.