

**Electronic Prescription
Service
Patient Nomination**



NHS

Electronic
Prescription
Service

Patient name

Address

.....

Telephone Number.....

DOB

NHS Number

Reason for exemption (if applicable).....

I am the patient named above/carer of the patient named above. Nomination has been explained to me and I have also been offered a leaflet that explains nomination.

Name and address of nominated dispenser:

NORTH WEST OSTOMY SUPPLIES

Address:- Homecare
Unit 57-62 Oakhill trading est.
Devonshire road,
Worsley,
Manchester,
M28 3PT

Patient Signature:

Date: