

Title: ..... First Name: ..... Surname: .....

Address: .....

.....

Post Code: .....

Telephone: ..... Mobile: .....

Date of Birth: ..... NHS Number: .....

Doctors Name: .....

Surgery Address: .....

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Post Code: .....

Surgery Telephone: .....

I would like to nominate the Pharmacy Care Plus branch indicated below as my nominated pharmacy for dispensing repeat prescriptions issued by NHS Electronic Prescription Service:

- Brook Pharmacy, Halifax
- Reeds Pharmacy, Urston, Manchester
- Barash Pharmacy, Whitefield, Manchester
- St Anne's Pharmacy, Lytham St Annes
- Shahs Pharmacy, Liversedge, W Yorkshire
- Birchill & Watson High St Pharmacy, Stone, Staffordshire
- Birchill & Watson Norton Pharmacy, Norton In The Moors, Staffordshire
- Birchill & Watson Walton Pharmacy, Walton, Staffordshire
- St Marks Pharmacy, Southport
- Hesketh Pharmacy, Southport

I agree to Pharmacy Care Plus contacting myself or my GP's surgery to verify my required prescription items or to advise me that my repeat prescription is ready for collection. I give Pharmacy Care Plus permission to hold the information on this form and consent to use the information in an anonymised format for statistical and medical research.

Pharmacy Care Plus may contact you regarding healthcare services offer in store, please tick this box  if you **do not** wish to be contacted.

I will contact Pharmacy Care Plus direct if I wish to change this agreement.

Signed .....

Date: .....