

E.T.P. Consent Form

Name:

Address:

.....

.....

.....

G.P./Practice:

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

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

Signed

Dated

.....

.....

Please complete and send to:

Teddington Pharmacy, 113 Stanley Road, Teddington, TW11 8UB, United Kingdom.