

E.T.P. Consent Form

Name:

Address:

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G.P/Practice:

- I wish to nominate Williams Chemist as the pharmacy to receive my NHS ETP Prescriptions.

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

Signed
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Dated
.....

Please complete and send to:

B A Williams (Chemist) Ltd, 14-15 Albany Parade, Brentford, TW80JW, United Kingdom