

**PONTPRENNAU MEDICAL CENTRE**  
**Electronic Prescription Service (EPS) Nomination Form**

From August 2025 our surgery will be going live with the Electronic Prescription Service (EPS), which allows your prescriptions to be sent electronically to your chosen pharmacy. This form allows you to nominate your preferred pharmacy for electronic prescriptions. You can change or cancel your nomination at any time by speaking to your GP practice or pharmacist.

Please complete the information below and **hand the form into your nominated Pharmacist.**

<b>Patient's Full Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address (if applicable):</b>	

- I am the patient named above/their nominated representative
- Nomination options have been explained fully to me

**Nominated Pharmacy Details:**

<b>Pharmacy Name:</b>	
<b>Pharmacy Address:</b>	
<b>Pharmacy Telephone Number:</b>	

By signing this form, you consent to have your prescriptions sent electronically to your nominated pharmacy.

**Patient's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you are completing this form on behalf of the patient, please complete the following:

<b>Representative/Carer Full Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address (if applicable):</b>	
<b>Signature:</b>	

If a nominated representative has been chosen:

I the patient grant consent to have the above-named representative to approve/amend my nomination

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_