

E.T.P. Consent Form

Name:

Address:

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G.P./Practice:

I wish to nominate Windmill Pharmacy as the pharmacy to receive my NHS ETP prescriptions

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

Signed

Dated

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Please complete and post or deliver to:

Windmill Pharmacy, 709 Windmill Lane, Denton, Manchester, M34 2ET