

Prescription Nomination Form

Patient's Details

Name			
Date Of Birth			
NHS Number			
Address			
Post Code			
Mobile Number *			
Home Phone Number			
Email Address			
Consent Section		Yes	No
Do you want a text alert to be sent to your mobile phone * once your prescription is ready?		163	140
	ccy accessing my medical record, as it is held with the cocessing my prescriptions and/or when providing		
I consent to Shantys Pharmacy accessing my NHS Summary Care Record (a summarised record of medicines and allergies held by the NHS), in order to assist with processing my prescriptions and/or when providing clinical services to me.			
_	unications by email from time to time to make me services available from Shantys Pharmacy.		
•	unications by text message from time to time to make nd services available at Shantys Pharmacy.		
NHS on my behalf:	antys Pharmacy to receive electronic and paper prescrip	tions fro	om the
Signature:	Date:		

Please provide your name and state your relationship to the patient if this form is for someone else.



If you are signing for an adult, then they must be incapable of signing for themselves, and as far as possible, you should have obtained their consent to sign on their behalf.