

## Prescription Nomination Form

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### Patient's Details

Name	
Date Of Birth	
NHS Number	
Address	
Post Code	
Mobile Number *	
Home Phone Number	
Email Address	

### Consent Section

Do you want a text alert to be sent to your mobile phone * once your prescription is ready?	Yes	No
I consent to Waterman Pharmacy accessing my medical record, as it is held with the GP, in order to assist with processing my prescriptions and/or when providing clinical services to me.		
I consent to Waterman 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.		
I consent to receiving communications by email from time to time to make me aware of special offers and services available from Waterman Pharmacy.		
I consent to receiving communications by text message from time to time to make me aware of special offers and services available at Waterman Pharmacy.		

**I would like to nominate Waterman Pharmacy to receive electronic and paper prescriptions from the NHS on my behalf:**

Patient / Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_