



Staff Use: Nomination inputted onto EMIS record –
 Staff initial: Date inputted:/...../.....

NHS Electronic Prescription Service NOMINATION CANCELLATION Form – one form per patient/nomination must be completed

Patient Name:		
Patient Address:		
Telephone Number:	Date of Birth:/...../.....
CANCELLATION AGREEMENT: I am the patient named above/carer of the patient named above. I wish to cancel my existing nomination. I am aware that I can nominate another pharmacy at any time of my choosing in the future.			
Name of the pharmacy nomination to <u>cancel</u>:		
Address of the nominated Pharmacy:		
Signature:	Date:/...../.....

*Please hand this into any of our reception teams at any of our branch sites. Please be advised it may take anything up to a week to amend your record. Please consider this when requesting any medication you may require in between times.



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