

EASTCOTE PHARMACY



E.T.P. CONSENT FORM

NAME:

ADDRESS:

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G.P. / PRACTICE:

I wish to nominate Eastcote Pharmacy as the pharmacy
to receive my NHS ETP Prescriptions.

Signed:

Dated:

Please complete and send to:
Eastcote Pharmacy, 109 - 111 Field End Road, Eastcote, HA5 1QG