

**PARKLANDS SURGERY  
NOMINATED PHARMACY FORM**

**PATIENT NAME:**

**ADDRESS:**

**DATE OF BIRTH:**

**CONTACT PHONE NUMBER :**

**PHARMACY OF CHOICE (PLEASE TICK)**

**THESE PHARMACIES COLLECT REGULARLY FROM THE SURGERY:**

**ROWLANDS**

**WELL PHARMACY IRCHESTER**

**BOOTS (RUSHDEN)**

**LLOYDS HIGHAM FERRERS**

**CHERRY PHARMACY**

**HARBOROUGH FIELD PHARMACY**

**DUDLEY TAYLOR**

**ANY OTHER PHARMACY: PLEASE PROVIDE FULL ADDRESS**

**DETAILS AND PHONE NUMBER.**

**PHARMACY NAME:**

**ADDRESS:**

**POSTCODE:**

**PHONE NUMBER:**

**WHEN CHOOSING ALTERNATIVE OR OUT OR AREA PHARMACIES WE WILL NOT BE ABLE TO POST YOUR PRESCRIPTIONS (IF NEEDED) UNLESS PREPAID ENVELOPES ARE PROVIDED.**

**SURGERY CANNOT BE RESPONSIBLE IF YOU DO NOT PROVIDE ENVELOPES.**

**NOT ALL PRESCRIPTIONS CAN BE SENT ELECTRONICALLY.**

**PLEASE SIGN AND DATE BELOW TO AGREE TO THIS**

**SIGNATURE AND DATE:**

**EMIS NUMBER (SURGERY TO ADD):**