

E.T.P. Nomination Form

Name: _____

Address: _____

G.P./Practice: _____

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

Signed: _____

Dated: _____

Please complete and send to:

Medics Pharmacy
11 Dawley Road,
Hayes, Middlesex
UB3 1LS
United Kingdom

Thank you!

medics pharmacy
HEALTHCARE IN THE COMMUNITY