

Electronic prescription Service Registration form

Name: _____

Date of Birth: _____

Usual Doctor: _____

(For your information: A **usual Doctor** is responsible for your overall care, everyone is allocated a Usual GP when they are registered. If you are unsure who your usual GP is then please ask reception.)

I confirm that I would like all my prescription to be sent via EPS to my local pharmacy:

Kings chemist

W.C & K. King Chemists

[35 Amwell St London EC1R 1UR](#)

020 7837 3439

Clerkenwell chemist

[51 Exmouth Market London EC1R 4QL](#)

020 7837 9494

Rowlands pharmacy

16 Exmouth Market, London EC1R 4QE

020 7837 2252

Other pharmacy:

Name of chemist _____

Address: _____

Once the patient has completed the form, please select their nominated pharmacy and fax the pharmacy the patients request to them for information.

Patient to sign _____

Once the patient has completed the form, please select their nominated pharmacy and fax the pharmacy the patients request to them for information.