

E.T.P. Consent Form

Name:

Address:

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G.P./Practice:

I wish to nominate HH Dickmans Chemist as the pharmacy to receive my NHS ETP Prescriptions.

Signed

Dated

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Please complete and send to:

HH Dickmans Chemist (Health Care Pharmacy), 224 High Street, Berkhamsted, Hertfordshire,
HP4 1BB, United Kingdom