## **E.T.P. Consent Form**

Name:		
Address:		
G.P./Practice:		
Lwish to nominate h	HH Dickmans Chamiet as the pharmacy	o rocaivo my NHS ETP Procerintians
I wish to nominate HH Dickmans Chemist as the pharmacy to receive my NHS ETP Prescriptions.		
Signed	Dated	

Please complete and send to:

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