



Free Prescription Delivery Service



- Complete the form overleaf to sign up for the NHS electronic prescription service (EPS) and nominate Lincolnshire Co-op Pharmacy
- Order your prescription in the usual way
- We will aim to deliver your prescription within three working days of receipt from the surgery
- Delivery days are Monday – Friday, and a signature is required on delivery



Providing NHS services

NHS electronic prescription service (EPS) patient nomination form

Title: First name: Surname:

Address:

Postcode: Tel: Home Mobile

Email:

Date of birth: Male Female Neither/ prefer not to say

NHS number (if known):
(can be found at the top right hand side of your prescription)

GP surgery name:

Please fill in your details below if you are a representative of the patient.

Title: First name: Surname:

Address:

Relationship to the patient:

Postcode: Tel:

If you sign below you are confirming that you are authorised to act on the patients behalf.

I hereby authorise Lincolnshire Co-op Pharmacy to collect by electronic transfer, my prescription from the surgery shown above on my behalf. I give permission to receive a text notification indicating the date of delivery. I will inform you if I wish to make any changes to this agreement.

Signed: Date:

Once completed

Please return to: **Maltby's Warehouse, 5 Proctors Road, Lincoln, LN2 4LA, FREEPOST - RTUU-YCZH-CCZH.** Or return it to the delivery driver, or email pharmacyhub@lincolnshire.coop

Branch stamp