

E.T.P. Consent Form

Name:

Address:

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G.P./Practice:

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

Signed

Dated

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Please complete and send to:

Newdays Pharmacy , 60 Wensley Road,Coley Park, Reading, RG1 6DJ, United Kingdom.

Newdays Pharmacy , 1 London Road, Twyford, Reading, RG10 9EH, United Kingdom.