



Nomination Form

Patient Details

Title: Mr Mrs Ms Other Gender: Male Female

First name: Surname:

Address:

Town: Postcode:

Date of birth: NHS number:

Contact Details

Phone number: Mobile number:

Email Address:

GP Details

GP name: Surgery address:

Payment and exemption

If you usually pay for your prescriptions please tick here.

We will take payment details when you order your prescription.

Fill in this section if you don't have to pay for your prescriptions.

The patient is exempt because he or she:

- A is under 16 years of age
- B is 16, 17 or 18 and in full-time education
- C is 60 years of age or over
- D has a valid maternity exemption certificate
- E has a valid medical exemption certificate
- F has a valid prescription prepayment certificate
- G has a valid War Pension exemption certificate
- L is named on a current HC2 charges certificate
- X was prescribed free-of-charge contraceptives
- H gets Income Support or income-related Employment and Support Allowance
- K gets income-based Jobseeker's allowance
- M is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S has a partner who gets Pension Credit Guarantee Credit (PCGC)

Warning - Giving false information may lead to legal action.

I, the undersigned nominate Fernhurst Pharmacy to receive prescriptions on my behalf or on behalf of the person mentioned above either in person, by paper or electronically until further notice.

Signature: Date: