

# E.T.P. Consent Form

**Name:** .....

**Address:** .....

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**G.P./Practice:** .....

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

**Signed**

**Dated**

.....

Please complete and send to:

Pearcare Pharmacy, 86 Alexandra Drive Surbiton Surrey KT5 9AG