

Nomination & text notification form (2020)



**ALLISONS CHEMIST**  
—PHARMACY & GIFTS—

31 Main Street - Cockermouth – CA13 9LE

www.allisonschemist.com

<b>Patient name and Address (including postcode)</b>	Bag label
<b>Telephone number (mobile if wanting text notifications)</b>	
<b>Email address</b>	
<b>Date of birth</b>	
<b>GP surgery</b>	
<b>NHS number (if known)</b>	
<ul style="list-style-type: none"><li>• I am the patient named above/carer of the patient named above.</li><li>• Nomination has been explained to me.</li><li>• I would like to nominate JWW Allison as my nominated pharmacy for dispensing prescriptions unless I request otherwise.</li></ul>	
<b>Signature</b>	
<b>Date</b>	

<b>Please circle your preference for text notifications</b>	Y	N
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