

# E.T.P. Consent Form

**Name:** .....

**Address:** .....

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

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

**Signed**

**Dated**

.....

.....

Please complete and send to:

Pearl Pharmacy, 31 Clapham High Street, London, SW4 7TR, United Kingdom.