

# E.T.P. Consent Form

**Name:** .....

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

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

I am authorising Broadway Pharmacy to order my repeat medication, collect and dispense my prescriptions (both Electronically and or Paper) on my behalf.

**Signed**

**Dated**

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Please complete and send to:

**Broadway Pharmacy, 172 Broadway, Bexleyheath, Kent, DA6 7BN, United Kingdom.**