

To register additional family members, pop in for another form or photocopy this side.

Nomination Form

Patient Details:

First Name:	
Surname:	
Date of Birth:	
Sex:	
Tel/Mobile:	
Address:	

Surgery Details:

Tick Here

Dr SIDDIQUI	21 Walnut Way, South Ruislip, HA4 6TA	
Wood Lane Medical Centre	2a Wood Lane, Ruislip, HA4 6ER	
The Cedars Medical Centre	118 Elliott Avenue, Ruislip, HA4 9LZ	
St. Martins Medical Centre	21 Eastcote Road, Ruislip, HA4 8BE	
Southcote Clinic	Southcote Rise, Ruislip, HA4 7LW	
King Edwards Medical Centre	19 King Edwards Road, Ruislip, HA4 7AE	
Oxford Drive Medical Centre	1 Oxford Drive, Ruislip, HA4 9EY	
Queens Walk Medical Centre	69 Queens Walk, Ruislip, HA4 0NT	
Eastcote Surgery (Dr Eddington and Partners)	81 Field End Road, Eastcote, HA5 1TD	
Eastcote Health Centre (Devonshire Lodge)	Abbotsbury Gardens, Pinner, HA5 1TG	
Eastcote Health Centre (Abbotsbury Practice)	Abbotsbury Gardens, Pinner, HA5 1TG	
Other:		

Declaration:

I declare that the information on this form is accurate and complete. I, the undersigned nominate Nu-Ways Pharmacy to receive Prescriptions, on my behalf or on the person mentioned above, either in person, by paper or electronically until further notice. I will inform Nu-Ways Pharmacy if I want to change this agreement.			
Signed:		Date:	
Print Name:			
I am the patient:		I am the patients representative:	

We do the legwork, you put your feet up