

# E.T.P. Consent Form

**Name:** .....

**Address:** .....

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.....

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

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

**Signed**

**Dated**

.....

.....

Please complete and send to:

Macks Pharmacy Penge, 165 High Street, Penge, London, SE20 7DS, United Kingdom

Macks Pharmacy Elmers End, 2 Eden Park Avenue, Penge, Elmers End, Beckenham, Kent, BR3 3HN, United Kingdom