

# Nomination Form

To ensure continuity of your supplies through Nightingale, please complete the entire form in BLOCK CAPITALS and return it in the freepost envelope provided.

## For Office Use Only

Source  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Nomination Form Processed:  
 \_\_\_\_\_  
 \_\_\_\_\_

Processed By:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Section 1: Patient's Details

### Your Details:

Name:  
 \_\_\_\_\_

Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode:  
 \_\_\_\_\_

Telephone:  
 \_\_\_\_\_

Mobile:  
 \_\_\_\_\_

Email:  
 \_\_\_\_\_

NHS Number:  
 \_\_\_\_\_

Male       Female

Date Of Birth:  
 \_\_\_\_\_

## Section 2: Nominated Dispenser

### Name & Address Of Nominated Dispenser:

Nightingale  
 \_\_\_\_\_

Great Bear Healthcare Ltd.  
 \_\_\_\_\_

3C Robins Drive  
 \_\_\_\_\_

Bridgwater  
 \_\_\_\_\_

Somerset  
 \_\_\_\_\_

TA6 4DL:  
 \_\_\_\_\_

## Section 3: Declaration:

By signing below I am confirming my preference to nominate Nightingale to dispense my appliance prescriptions. I have been offered a leaflet that explains nomination and understand what the service entails.

I am the Patient

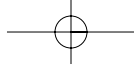
I am the Patient's representative       Please state relationship to patient:  
 \_\_\_\_\_

Print Name:  
 \_\_\_\_\_

Signature:      Date:  
 \_\_\_\_\_



A dedicated service for your individual needs



**For Any Queries  
Please Call Freephone  
0800 304 7434**

