



Official Health Care Partner

# KISS GOODBYE TO PHARMACY QUEUES

Get your NHS prescriptions delivered FREE to your door!

When you're on repeat prescriptions, the last thing you need to be worrying about is a trip to your pharmacy or waiting for your prescription to be processed.

Whether you're enrolled with the NHS Electronic Prescription Service or your doctor is issuing you with traditional paper prescriptions, we can dispense your medication for you and deliver it to your door for FREE.



### Your details

With a few details, including your doctor's address, we'll get you set up and registered for our service.



### The prescription

When your GP issues you a prescription it will come directly to us to be verified and dispensed by our team.



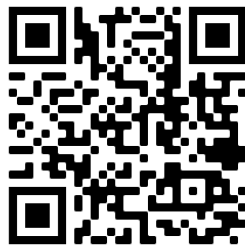
### Delivery

Your NHS prescriptions will be delivered directly to your address for FREE!

Sign up at:  
[www.atropapharmacy.co.uk/nhs](http://www.atropapharmacy.co.uk/nhs)

Or scan the QR code with your phone or complete the patient nomination form overleaf and return it to:

The Commercial Dept, Bradford City AFC, The Utilita Energy Stadium, Valley Parade, Bradford, West Yorkshire. BD8 7DY



[www.atropapharmacy.co.uk](http://www.atropapharmacy.co.uk)

(e): [info@atropapharmacy.co.uk](mailto:info@atropapharmacy.co.uk)

(t): 01274 905669



# ELECTRONIC PRESCRIPTION SERVICE

## Patient Nomination Request

Get your NHS prescriptions delivered **FREE** to your door!

With a few details, including your doctor's address, we'll get you set up and registered for our service.

Patient Name: .....

Address: .....

..... Post Code: .....

Telephone No: ..... DOB: .....

Email: .....

NHS Number: .....

I am the patient named above/carer of the patient named above. Nomination has been explained to me by the staff at my GP practice/community pharmacy/appliance contractor and I have also been offered a leaflet that explains nomination.

### Your doctor's surgery

Name: .....

Address: .....

..... Post Code: .....

Patient Signature: .....

Staff Name: .....

Staff Signature: .....



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Please return the completed form to:

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