

Title: Mr Mrs Ms Other

Gender: Male Female

First name:

Surname:

Address:

Postcode:

Date of birth:

Email address:

Telephone:

Name of GP surgery:

Do you pay for your prescriptions? Yes No

If no, please tell us why
(e.g. I have a medical exemption certificate)

I understand the Pharmacy2U service, EPS and wish to nominate Pharmacy2U Ltd to dispense my prescriptions. I give permission for information about my repeat medication to be sent between my doctor and Pharmacy2U. I give permission for Pharmacy2U to access my Summary Care Record (www.digital.nhs.uk/summary-care-records/patients) to provide me with the best possible care. I understand that my registration is subject to Pharmacy2U standard terms which I can get from www.pharmacy2u.co.uk/terms or by calling 0113 265 0222. If I have stated I am exempt from payment, I confirm I am properly entitled to exemption and will tell you immediately on 0113 265 0222 if this changes. We respect your privacy. We will use your personal information in line with our privacy policy at www.pharmacy2u.co.uk/privacy. We will not sell your information to anyone, for any reason.

Signature