

# Register today and have your prescriptions taken care of, for you and your family

Simply fill in the registration form and put in the post.  
Pharmacy2U, Freepost RLTU-BHYL-KEZJ, Leeds LS14 1PQ

To register your partner or family member please visit [www.pharmacy2u.co.uk](http://www.pharmacy2u.co.uk) or call us on 0113 265 0222.

## Part 1 Your Details

as registered at your doctor's surgery.

Title: Mr  Mrs  Ms  Other

First name:

Surname:

Address:

Post code:

Date of birth:

Gender: Male  Female

## Part 2 Free reminder service

Tell us when you would like your medication to arrive next and we will remind you to order in advance.

What is your email address

Please provide your preferred contact number

## Part 3 Doctors details

Please provide your surgery details below.

Surgery name:

Address:

Post code:

## Part 4 Delivery preferences

Please tick the box if you're happy for us to post through your letterbox (if it is safe to do so and your parcel size allows).

You can also tell us somewhere safe to leave your delivery if it's too big for the letterbox, for example in a porch

## Part 5 Payment and exemption

- If you usually pay for your prescriptions please tick here.  
*We will take payment details when you order your prescription.*
- If you have a prescription pre-payment certificate please tick here.

Fill in this section if you don't have to pay for your prescriptions.  
The patient is exempt because he or she:

- is 60 years of age or over
- is under 16 years of age
- is 16, 17 or 18 and in full-time education
- has a maternity exemption certificate
- has a medical exemption certificate
- has a war pension exemption certificate
- is named on a current HC2 charges certificate
- gets Income Support or income-related Employment and Support Allowance
- gets income-based Jobseeker's allowance (JSA(IB))
- is entitled to, or named on a valid NHS Tax Credit Certificate
- gets Universal Credit and meets the necessary criteria outlined by the NHS
- has a partner who gets Pension Credit Guarantee Credit (PCGC)

## Part 6 Register to use this service

I understand the Pharmacy2U service and EPS and would like to nominate Pharmacy2U Ltd to collect my prescriptions on my behalf.

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 to enable them to provide me with the best possible care.

For more information on the Summary Care Record, please visit [www.digital.nhs.uk/summary-care-records/patients](http://www.digital.nhs.uk/summary-care-records/patients).

I understand that my registration with you is subject to Pharmacy2U standard terms which I can get from [www.pharmacy2u.co.uk/terms](http://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 if this changes, I will tell you immediately on 0113 265 0222.

We respect your privacy. We will use your personal information in line with our privacy policy at [www.pharmacy2u.co.uk/privacy](http://www.pharmacy2u.co.uk/privacy). We will not sell your information to anyone, for any reason.

We would like to keep you up to date with products and services provided by us, our group of companies and selected partners. If you are happy for us to do this, please tick the relevant box below to tell us how you would like us to contact you.

Email  Post  Text  Telephone

I am the patient  Patient's representative

Signature

Date

Internal