

Sign up for an easier life

Complete your details below, or if you'd like to use online ordering just register at boots.com/repeats

Your details:

Name

Address

Postcode

Email address

Mobile Telephone

Doctor's name

Surgery name

Surgery address

Postcode

Date of birth Male Female

What services would you like to sign up for?

NHS Electronic Prescription Service

I understand the NHS Electronic Prescription Service. I confirm that I have nominated Boots Pharmacy to receive my prescriptions electronically. I understand that I can change or remove my nomination at any time.

Repeat Prescription Service

I give permission for Boots to receive prescriptions from the surgery* above. I'll be in touch if I wish to change this arrangement in the future. I understand Boots will use the information I have given to provide the Repeat Prescription Service.

Text reminders†

I give permission for Boots to contact me (or my representative if named below) regarding the status of my prescriptions. I understand that I may withdraw my consent for text reminders at any time and I will contact Boots if this is the case.

Boots UK Ltd confirms that we will not share your information with anyone outside of the Alliance Boots group of companies.

We may contact you with information about health and other products and services.

Tick here if you DO NOT want to receive this

Signed Date



Collect only



FRPS sign up

Store number
For store use only

Nominating a representative for text reminders (To be completed by the representative)

Representative's name Mobile

I confirm that I am authorised by the above named person to receive updates on the status of their prescription.

Representative's signature Date

*Participating surgeries only

†Participating Pharmacies only