



## New Resident Form

Please complete as many fields as possible. Fields marked \* are mandatory - email picture to picture@pills2u.co.uk

Title\*:

First Name\*:

Middle Name:

Last Name\*:

Date of Birth\*:

If patient is under 60yrs,  
please detail exemption:

Home\*:

Floor:

Room:

NHS No.\*:

Allergies\*:

if none known, please write 'none known'

Doctors name:

Surgery\*:

signed (staff)\*:

print:

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I would like Pills2u Pharmacy as my nominated pharmacy  
for dispensing prescriptions issued by the NHS Electronic Prescription Service (please tick)

for p2u purposes -  b  n date and sign: