



**Register for Online Services -
APPOINTMENTS, TEXT REMINDERS,
REPEAT PRESCRIPTIONS and
VIEWING YOUR MEDICAL RECORD**



Patients registered with this practice are now able to have 24 hour secure access via the internet to make **appointments** and to order their **repeat prescriptions**. This will save you telephoning or calling at the surgery for these.



You will also be able to view aspects of your **medical records** securely. This includes information about your medications, allergies immunisation history and links to patient leaflets to help you understand more about your conditions or medications.



If you wish to use these services, please complete the details below and bring the completed form **with photograph identification** (eg passport, driving licence).

You will, of course, need a computer with internet access or a Smartphone (download the free Patient Access app at **patient.co.uk/accessapp**)

Forename(s): _____ Surname: _____

Date of Birth: _____

Address: _____

_____ Post Code: _____

Email Address: _____

Mobile Phone number: _____

Home Phone number: _____

If you would like to have access to online services please sign below and **delete as appropriate**. (You do not have to opt in to all services, and even if you decide to opt in now you can change your mind at any time all you need to do is contact reception).

- I confirm that I would like to have access to online appointments
- I confirm that I would like to have access to order prescriptions online
- I confirm that I would like to have access to viewing online summary

I confirm that the above information is correct at the date and that should any of the above details change that I will inform the practice as soon as possible.

Signed: _____ Date: _____

Please allow seven days from submitting your registration before returning this completed form to Reception with photo ID

For office use:

ID provided - passport / driving licence / other (or vouch for pt –details)

Initis: _____ Date: ___/___/___

Emis pt ref: _____ Reg doc to pt Text rem

Initis: _____ Date: ___/___/___