Appointments and Requesting Repeat prescriptions

Please complete form and return to the Practice together with photo ID

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Mobile number |  |

***I wish to have access to the following online services (tick all that apply)***

|  |  |
| --- | --- |
| 1. Booking Appointments |  |
| 1. Requesting Repeat Prescriptions |  |

***We ensure that your personal medical information is kept secure while it is on our computer system; however your personal and medical information becomes your responsibility when accessed.***

|  |  |
| --- | --- |
| **Signed:** | **Date :** |

**For office use only:**

|  |  |
| --- | --- |
| **ID Checked by:** | **Date:** |