

## Online Services Application Form

This practice offers online services for appointment booking, repeat prescription ordering and, if required, the facility to view your medical record. Use this form to register for the online Appointment and Repeat Prescription Ordering services. Medical record viewing facilities are offered by this practice but you will need to specifically request this additional service using a separate application form. You can only apply for yourself on this form and you must be aged 16 years or older.

***You will need to provide photo evidence of your identity such as a passport or photo driving licence before receiving your access codes.***

When the form is completed, please leave it at reception and return in 2 working days between 11 am and 5 pm, with your photo ID, to collect your Internet access registration codes.

Forename:		Surname:	
Date of birth:			
Address (including postcode):			
Please register me for: Internet Access			
Issue my personal identification number and password details to register me for online services. I understand that I am responsible for securing these details to prevent unauthorised persons from accessing my medical record online. In the event that my security details have been compromised I will inform the practice immediately so that access can be blocked and new passwords issued. If at any time I wish to permanently cease internet access I will inform the practice in writing.			
Signed:		I am the patient mentioned above:	<input type="checkbox"/>
Office use only:	Photo ID presented: Driving Licence <input type="checkbox"/>		
	Passport <input type="checkbox"/>		
	Other e.g. personal knowledge (details) <input type="checkbox"/> _____		
Access authorised:	Authoriser: _____ Date: _____		
	Access ID and PIN given: <input type="checkbox"/>		
Receipt of Access Codes	To be signed by patient on receipt of Access ID and PIN:		
	Codes received: _____ Date: _____		