Stainland Road

Medical Centre

Surname





Application for online access to book appointments, order prescriptions and view my summary care record.

Date of birth

First name					
Address					
		Postcode			
Email address					
Telephone number	Mobile number				
We will only use this information to contact you in connection with your medical care.					
I wish to have access to the following online services (please tick all that apply):					
Booking appointments					
Requesting repeat prescriptions					
Viewing my summary care record					
	•				
Signature			Date		
For practice use only					
Patient NHS number					
T dilett Wile Hamber					
Identity verified by	Date	Method			
(initials)				Vouch	ning 🗆
		Vouch	ning with ir	nformation in rec	ord 🗆
Photo ID and proof of residence □					
Authorised by				Date	
Date account created					
Date passphrase sent					
Level of record access enabled				Notes / expla	nation
Appointments, Summary Record & Repeat medication □					
All 🔲					
Limited parts □					