|  |  |
| --- | --- |
| Patient Name |  |
| Date of birth |  |
| Address & Postcode |  |
| Telephone Numbers |  |
| Email address |  |

I am a new patient at Dyneley House Surgery, and I wish to have access to the following online services:

|  |  |
| --- | --- |
| Booking appointments |  |
| Requesting repeat prescriptions |  |

**As you are completing this form at the time of registering, only a basic level of access that can be made available to you at this stage.**

**Please note that if this request is for a parent to access their child’s records, this authority will cease on the child’s 12th birthday.**

Please confirm how you would prefer us to send your username and password to you

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SMS Message |  | Email |  | Post  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**If you require fuller access to your records, this can be requested once your complete records have been received, usually one calendar month from the date you bring you registration form to us. Please download the Online Access Form from our website at that stage, complete and bring it to the surgery with your photographic ID**

**For practice use only**

|  |  |  |
| --- | --- | --- |
| Photo ID takenType/number | Name of verifier | Date |
| Name of person who processes the request |  | Date |