ST RICHARDS ROAD SURGERY

ACCESS TO GP ONLINE SERVICES REGISTRATION FORM

Forename:										
Date of birth:										
Address:										
Postcode:										
Email address	:									
Telephone -ho	ome:									
Telephone – m	nobile:									
I wish to have			follow	ving o	nline s	serv	ices (<i>ticl</i>	k all the	at app	oly)
Booking appoi										
	Requesting repeat prescriptions									
Accessing my	medical	record								
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You will need to make an appointment with our on-line team to verify your ID to enable your application for on-line access to be processed.

Prepared by: Jane Gent

Surname:

Date: March 2015 Review date: March 2016

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For practice use ONLY

Identity verified through (tick all that apply)		Vouching Vouching winformation record Photo ID Proof of res	in the	Verified by:	Date:		
Name of person who					Date:		
authorized (if							
applicable)							
NHS number:	Practice computer ID						
			number:				
Date account created.							
Date passphrase sent:							
Level of record access	□ Prospective						
enabled:	□ Retrospective						
	☐ Limited parts						
		Contractual					

Prepared by: Jane Gent
Date: March 2015
Review date: March 2016