**Willow Wood Medical Practice**

**NEW Patient Services Registration Form**

**We are changing the way you order your medication online**

From January 2023, ONLINE SERVICES will replace the current method of requesting prescriptions.

To register for online services, please download this form and complete the details below then send back to us by email wishawhc.62666@lanarkshire.scot.nhs.uk OR hand it into us OR post through the letterbox on the ground floor of the health centre.

Once you are registered, we will email you the information that will enable you to create a username and password to order prescriptions as well as view and cancel appointments, using our new Patient Services tool.

Please continue to use your usual method of requesting your repeat items until we email you with your registration details.

**Please complete all fields in BLOCK CAPITALS**

Patient Forename - PRINT

Patient Surname -PRINT

Date of Birth -

Email address – your email address MUST be unique to you and should not be shared with any other patient. PRINT

**This email will be used by us to send you your log in details**

Mobile Number –

**Please indicate if you consent to us contacting you by text, to remind you about appointments or to ask you to contact us. We will not send identifiable information to you by text or email. I consent to receive text reminders & to ask me to contact the practice. I DO NOT consent to receive text reminders or to ask me to contact the practice**

Signature -

Date -

Are you completing the form on behalf of the patient including children under 16 yrs?

Patient forename-

Patient surname-

Relationship to patient-

Date of Birth -

Email address – your email address MUST be unique to you and should not be shared with any other patient. PRINT **This email will be used by us to send you your log in details**

Mobile Number –

**Please indicate if you consent to us contacting you by text, to remind you about appointments or to ask you to contact us. We will not send identifiable information to you by text or email. I consent to receive text reminders & to ask me to contact the practice. I DO NOT consent to receive text reminders or to ask me to contact the practice**

Signature-

Date -