**Online Services Application Form - Appointments and/or Prescriptions**

**I would like to register to use the Practice’s Online Services:**

|  |  |
| --- | --- |
| **Online booking/cancelling of appointments** | **Online ordering of repeat prescriptions** |

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| --- | --- | --- |
| 1 | I agree to use the System in a responsible manner in accordance with all instructions given to me by the Practice. If not, I understand that access may be withdrawn. | **YES** |
| 2 | I agree that it is my responsibility to keep secure the username and passwords I am given. If I think these have been shared inappropriately I will reset them. | **YES** |
| 3 | I agree that my details below may be used to contact me with information about my online account and the online services I use. I agree that I may also be contacted about how useful I find the services and whether they could be improved. | **YES** |
| 4 | I agree that Online Services are provided at the Discretion of the Practice and may be withdrawn by the Practice at any time. | **YES** |
| 5 | I understand that if I abuse the Online Services the Practice have the right to withdraw this service. | **YES** |
| 6 | I understand that I cannot use this service as a means of communication with the Practice for other purposes and will not use it for urgent matters. | **YES** |

**Patient Details**

|  |  |  |
| --- | --- | --- |
| Surname |  | |
| First Name |  | |
| Date of Birth |  | |
| Address |  | |
| Postcode |  | |
| Telephone Number |  | |
| Mobile Number |  | |
| Email |  | |
| **Patient’s Signature** | | **Date:** |

**For Practice Use Only**

|  |  |
| --- | --- |
| **Receptionist’s Name:** | **Date:** |
| **Photographic ID Provided:** Driving Licence/Passport/Other | **Checked:** |