

Newbattle Medical Practice

Application for Online Services

Surname	Date of birth
First Name	
Address	
Postcode	
Email Address	
Telephone number	Mobile number

I wish to have access to the following online services (Yes or No to apply):

1. Request repeat prescriptions	Opt In <input type="checkbox"/>	Opt Out <input type="checkbox"/>
2. Booking appointments	Opt In <input type="checkbox"/>	Opt Out <input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Date	Method (tick) Vouching Vouching with information in record Photo ID and proof of residence
Authorised by	Date	
Date account created		