

Old Machar Medical Practice Patient Access Application Form

Please complete all the sections below clearly and in capitals and sign to confirm you have read the conditions of use. You will be required to attend the practice **IN PERSON** and **WITH SUITABLE PHOTOGRAPHIC IDENTIFICATION** to collect your registration details.

Full Name	
Date of Birth	
Address	
Home Telephone	
Mobile Telephone	
Email Address	
system can only boo to view a summary o to this service. Patient Access is a v wish to continue. Thi available over the ph We retain the right to Access will be withdr frequently cancelling We will endeavour to be shut down overnig service is not active. the surgery during ou Nurse appointments	t your Patient Access log-in details remain confidential. Although presently the k/cancel appointments and order repeat medication, in the future you may be able f your medical records. We will not necessarily write to inform you of the changes coluntary scheme. If you wish your account can be stopped should you no longer swill not affect your registration at the practice and appointments will remain one or in person at the practice. Withdraw access to the service to those who seem to be abusing the service. It was for those persons booking appointments to which they do not attend or appointments just before the time of the appointment. In maintain the maximum access to the service but it is necessary for the service to got while our system back up occurs and there may be other times when the Appointments made using the system can be checked and cancelled by phoning are times of opening when the online system is unavailable. Cannot presently be booked online as they often require a specific member of pointment than a single slot. These options are not presently available with
Signature	
Date Completed	
Practice Use Only	
ID Chacked	Registration letter printed