



Old Machar Medical Practice
Patient Online Services 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	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Email Address	<input type="text"/>

Conditions of use

- You must ensure that your Online Services log-in details remain confidential. Although presently the system only relates to appointments and medication, in the future you may be able to view a summary of your medical records. We will not necessarily write to inform you of the changes to this service.
- Online Services are a voluntary scheme. Your account can be closed should you no longer wish to use it. This will not affect your registration at the practice and appointments/prescription requests will remain available via the practice reception.
- We retain the right to withdraw access to the service to those who seem to be abusing the service.
- Access will be withdrawn for those persons booking appointments to which they do not attend or frequently cancelling appointments just before the time of the appointment.
- We will endeavor to maintain maximum access to the service, but it is necessary for the service to be shut down overnight while our system back up occurs and there may be other times when the service is not active.

Signature	<input type="text"/>
Date Completed	<input type="text"/>

Practice Use Only

ID Checked Registration letter printed Code Added 9IW

Please return Forms to: Old Machar Medical Practice
526 King Street Aberdeen AB24 5RS
Email: gram.oldmachar.registration@nhs.scot

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