



BANBURY HEALTH CENTRE

Patient Online: Registration Form

Surname			
First name			
Date of birth			
Address			
Email address			
Telephone No.		Mobile No.	

Access to GP online services

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Access to summary information of: allergies; adverse reactions and medications	<input type="checkbox"/>

Signature		Date	
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Important: Access for children, parents and guardians:

Currently we are not authorizing access for children however we will keep you updated on when that service becomes available.

Please allow 10 working days before collecting your username and password from the surgery. Unfortunately due to confidentiality we cannot post these out to you.

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Photo ID <input type="checkbox"/>	Proof of residence <input type="checkbox"/>
Name of Verifier		Date	
Name of Authoriser		Date	
Date account created		Date passphrase created	