

# 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 (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>

Signature:		Date:	
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## For practice use only

Patient H&C No:			
Identity verified:		Date:	
Method:	<input type="checkbox"/> Photo ID or Proof of Residence <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with Information in Record		
Authorised by:		Coded in Notes: (Code #8OC)	