BUCKDEN AND LITTLE PAXTON SURGERIES Application for Online Access for New Patients

Surname		Date of Birth	
First Name			
Address			
		Postcode	
Email Address			
Telephone Number		Mobile Number	
	ntly only offered to patiens to the following online	nts aged 16 or over. services (please tick all that apply):	
1. Booking appointments			
2. Requesting repeat prescriptions			
Signature		Date	
 Proof of Age (Examples on the control of Examples on the control of Examples on the control of Examples	,	
For practice use only Patient NHS number		Practice EMISweb number	
		Tractice Elviewed Harrison	
Identity verified by: (initials)	Date PIN generated:	GP Vouching □	
	ssport iving Licence oof of Age Card		

Other (please state)_