

# BUCKDEN AND LITTLE PAXTON SURGERIES

## Application for Online Access for New Patients

<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	<b>Mobile Number</b>

**This service is currently only offered to patients aged 16 or over.**

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

<b>1. Booking appointments</b>	<input type="checkbox"/>
<b>2. Requesting repeat prescriptions</b>	<input type="checkbox"/>

**We also offer online access to your medical records. We only offer this to new patients when we have received and reviewed your medical notes from your previous practice. Please contact reception in 4-6 months and complete an application for Patient Online Access to Medical Records.**

<b>Signature</b>	<b>Date</b>
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### **Examples of ID accepted**

- Passport
- Driving Licence (with photo ID card)
- Proof of Age Card (under Proof of Age Standards scheme)
- Certain organisations' ID cards at management discretion.

### **For practice use only**

Patient NHS number		Practice EMISweb number
Identity verified by: (initials)	Date PIN generated:	GP Vouching <input type="checkbox"/>
Form of Identification:          Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Other (please state) _____		