

## PATIENT ACCESS FORM

Have you already registered on line for Patient Access:    Y     N

PLEASE PRINT CLEARLY IN CAPITALS

Title and Name: <b>(in full)</b>		Date of Birth:
Address:		Postcode:
Home telephone No:	Mobile telephone No:	
E-mail address:  <b>When registering for Patient Access you must use your own personal E-mail address.</b>		

Application must be made in person.

Photo ID must be provide at time of application and when collecting password.

Initial registration is not compatible with Smart/I Phones or Tablets.

Today's Date: .....

<u>Official Use Only:</u>	<b>Patient ID Verified</b> <input type="checkbox"/>	<b>Receptionist Initials</b> .....	
91B <input type="checkbox"/>	Access boxes ticked <input type="checkbox"/>	PDS checked <input type="checkbox"/>	<b>Admin Initials</b> .....

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