# BURNFIELD MEDICAL PRACTICE

**Application for online access for ordering Repeat Prescriptions**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Addresspostcode |
| Email address |
| Telephone number | Mobile number |

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

|  |  |
| --- | --- |
| 1.Booking appointments |  |
| 2.Requesting repeat prescriptions |  |

|  |  |
| --- | --- |
|  |  |

# For practice use only

Signature

Date

|  |  |
| --- | --- |
| Patient NHS number | Practice computer ID number |
| Identity verified by (initials) | Date | MethodVouchingVouching with information in recordPhoto ID and proof of residence |
| Authorised by | Date |
| Date account created |
| Date pass phrase sent |
| Level of record access enabledAllProspectiveRetrospectiveDetailed coded record Limited parts | Notes /explanation |

Burnfield May 2018