**Burnfield Medical Practice**

Private Registration Form

**Please complete all fields and email the form to** **nhsh.gp55889-reception@nhs.scot** **or hand into the practice. Reception will make contact with you to arrange an appointment.**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Sex** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Temporary Address****(if applicable)** |  |
|  |  |
|  |  |
| **Permanent Address** |  |
|  |  |
|  |  |
| **Registered GP****(name and address)** |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Appointment required?**  |  |
| **Do you have any paperwork that requires completion?** |  |

**All private appointments are chargeable. A price list can be found on the practice website under services. Payment will be taken at the time of booking the appointment.**

**If you need to cancel your appointment email** **nhsh.gp55889-reception@nhs.scot** **with your name, D.O.B, appointment date & time and the same card information that was used to make payment to enable us to process a refund.**

**Cancellations made less than 24 hours before appointment will be fully chargeable and a refund will NOT be issued.**

**Signature:…………………………………………………………………………………**

**Date:………………………………………………………………………………………..**