



**BANBURY HEALTH CENTRE**

**Patient Online: Registration Form**

Surname			
First name			
Date of birth			
Address			
Email address			
Telephone No.		Mobile No.	

**Access to GP online services**

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Access to summary information of: allergies; adverse reactions and medications	<input type="checkbox"/>

Signature		Date	
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**Important: Access for children, parents and guardians:**

Currently we are not authorizing access for children however we will keep you updated on when that service becomes available.

**Please allow 10 working days before collecting your username and password from the surgery. Unfortunately due to confidentiality we cannot post these out to you.**

**For practice use only**

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Photo ID <input type="checkbox"/>	Proof of residence <input type="checkbox"/>
Name of Verifier		Date	
Name of Authoriser		Date	
Date account created		Date passphrase created	