

Bydand Medical Group Online Services - Patient Registration Form

The Practice is currently offering an Online Prescription Service with Online appointments available early 2017.

Repeat Prescriptions

This service allows you to request medications from your **repeat prescription list** as well as review the status of your prescription requests. Please note that, after your request has been processed by the practice, you will need allow **72 hours** for the pharmacy to process your prescription. You may wish to enquire about your local pharmacies text messaging service which will alert you when your prescription is ready. **If you wish to order medication not your repeats list you will need to contact the Health Centre directly.**

Online Appointments

All of our GP's **routine appointments**, for a period of four weeks in advance, are available to be booked online. This service is **only for routine appointments** at present and, if you wish to book emergency or Clinic appointments you will need to contact the Health Centre directly. Please note that, failing to attend attend an appointment booked online **twice** within in a **three month period**, will result in automatic account deactivation.

To register for our Online Services please complete the form below and return it to the Practice in person, **along with a valid form of identification**, for example a photo ID, your passport, utility bill or birth certificate. Once you are registered the practice will send you the information, either by letter or by email, that will enable you to create a username and password.

| Patient Details | | | | | | | | | | | | | | |
|---|--|---|---|--------------------------|----|---|---|--------------------------|--|--|--|--|--|--|
| Patient Forename | | | | | | | | | | | | | | |
| Patient Surname | | | | | | | | | | | | | | |
| Date of birth | D | D | M | M | Y | Y | Y | Y | | | | | | |
| Email Address (This email will be used by Bydand Medical practice to send you notifications and reminders) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Please note that when a child reaches the age of 16 the Practice requires they use their own email address for Online Services. | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | | | | |
| I consent to receiving notifications and reminders by text | YES | | | <input type="checkbox"/> | NO | | | <input type="checkbox"/> | | | | | | |
| Signature | | | | | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | | | | | | |
| Completing the form on behalf of the patient? | | | | | | | | | | | | | | |
| Print Forename | | | | | | | | | | | | | | |
| Print Surname | | | | | | | | | | | | | | |
| Relationship to patient | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | | | | | | |

| Staff use only | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|--|--|--|--|--|
| Patient ID seen | | | | | | | | | | | | | |
| Type of ID | | | | | | | | | | | | | |
| Staff Name | | | | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | | | | | |