# BURNFIELD MEDICAL PRACTICE

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

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  postcode | |
| 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 | | Method  Vouching  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 enabled  All  Prospective  Retrospective  Detailed coded record   Limited parts | | Notes /explanation | | |

Burnfield May 2018