KING EDWARDS AND SWAKELEYS MEDICAL CENTRE

hillccg.smc-enquiries@nhs.net

Patient online registration form for prescriptions

* Please fill and return by email/post the **Patient Online Registration Form** and the reception team will issue your secure log in details.
* Once you have received the information from our surgery, please visit and register the information on <https://www.patientaccess.com/>

| Surname: | Email: |
| --- | --- |
| Name: | Tel: |
| Date of Birth: | Mobile: |
| Address  Postcode: | |

| Please nominate a pharmacy: |
| --- |

| Signature: | Date: |
| --- | --- |

I wish to access my prescription online and I understand and agree with each statement:

| 1. I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement. | (Tick) |
| --- | --- |
| 1. If I see information in my medical record that is not about me or is inaccurate, I will contact the Practice as soon as possible. | (Tick) |
| 1. If I choose to share my information with anyone else, this is at my own | (Tick) |

| Verification by:  Password or Driving Licence  Staff member vouched for patient. | Staff member (Name) |
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