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:  |
| AddressPostcode: |

| 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) |
| --- | --- |