

✓ Booking appointments

## **ALTON STREET SURGERY**

Alton Street, Ross-on-Wye, HR9 5AB Telephone 01989 563646

## Application for online access to my medical record

Please tick all of the online services you wish to have access to:

✓	Requesting repeat prescriptions	Core access which will be given straight away
✓	Medication and allergies	
0	Problems	
0	Test results	
0	Consultations	Detailed access which will be considered
0	Immunisations	
Plea	ase tick all of the statements below if	you agree with them:
C		formation leaflet provided by the practice by of the information that I see or download
	·	n with anyone else, this is at my own risk
	•	as possible if I suspect that my account has
	·	
	been accessed by someone without	
	·	nat is not about me or is inaccurate, I will
	contact the practice as soon as po	ossible
Nam	ne:	
Date	e of birth:	
Addr	ress:	
Ema	ail address:	
Tele	ephone number:	
Mob	pile number:	
Sian	nature:	Date:

## For practice use only

Two forms of identification are required with at least one being photographic.

\*If applying online please note you will need to bring your identification into surgery before we can process your application\*

Please list identification seen:

0	Passport or Biometric Res	idence Permit
	Number:	Issue Date:
0	Current Driving licence (Ph	notocard only - all countries) (Full or Provisional)
	Number:	Issue Date:
0	Mortgage statement (Issue	ed within 12 months)
0	Bank/Building Society Stat	ement (UK) (Issued within 3 months)
0	Bank/Building Society Acc	ount Opening Confirmation Letter (UK)
0	Financial Statement (Issue	ed within 12 months)
0	Credit Card Statement (Uk	() (Issued within 3 months)
0	,	ement/Document from Central/Local Government Please note that we cannot accept mobile
0	Other, please state:	
Iden	tification verified by:	Date:
Com	petency Assessed: Yes / No	
Asse	essed by:	Date:
Leve	el of access granted:	



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Access granted by: Date:
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