

331 Birmingham Road, Wylde Green, Sutton Coldfield, West Midlands, B72 1DL
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ONLINE SERVICES

APPOINTMENT & REPEAT PRESCRIPTIONS REGISTRATION FORM

PLEASE NOTE THAT TOKENS WILL BE EMAILED TO YOU WITHIN 5 WORKING DAYS

You will require a unique email address per application and children's accounts will be disabled when reaching 11 years due to confidentiality.

You will need to provide PHOTO ID with this Registration Form (eg. Passport, Picture Driving Licence).

Once you are registered, we will give you the information that will enable you to create a username and password.

Patient Details	Please Complete in BLOCK CAPITALS																				
Patient Forename																					
Patient Surname																					
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y											
Email Address																					
This email address will be used by your Practice to send you notifications and reminders.																					
Mobile Number																					
Patient's Signature											Date	D	D	/	M	M	/	Y	Y	Y	Y
If you are completing the form on behalf of a child aged 10 or under, please complete below.																					
Relationship to Patient																					
Print Forename																					
Print Surname																					
Signature											Date	D	D	/	M	M	/	Y	Y	Y	Y

For Hawthorns Surgery Practice Staff Only	
Type of Patient ID Seen	
Staff Name	Date: