

Application for online access

Name:	First name	Surname
Date of birth:		
Address:		
	Postcode:	
Email address:		

Mobile number:		Landline:	
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Please select your preferred pharmacy for prescriptions to be sent to

- I would like to collect my prescriptions from the surgery
- Penicuik Pharmacy
- Rowland's John Street
- Numark Edinburgh Road
- Roslin Pharmacy
- West Linton Pharmacy

Prescriptions ordered from the surgery are ready **2 working days after the request is placed**. You should allow an **additional 5 working days** if you have requested that we sent the prescription directly to the chemist.

Text messaging reminders:

- I would like to sign up for text messaging reminders
- I **do not** want to sign up for text messaging reminders

Please read the following statements and tick before signing:
<input type="checkbox"/> I will be responsible for the security of the information that I am given in the letter with my registration details
<input type="checkbox"/> If I choose to share my information with anyone else, this is at my own risk
<input type="checkbox"/> I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement

I understand and agree with all the above statements:

Signature:		Date:	
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For practice use only

Patient CHI:		Vision ID: 33424
ID Verification:	<input type="checkbox"/> Vouching <input type="checkbox"/> Photo ID <input type="checkbox"/> Other	<input type="checkbox"/> Patient ID (#91B)
Code for SMS reminders:	<input type="checkbox"/> Consent (#9NdP) <input type="checkbox"/> Decline (#9NdQ)	
Authorised and verified by:		Date:

