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Patient Online registration form: Access to GP online services

(Under 16s will only be granted access to appointments and ordering of prescriptions)

Date of birth							
Address							
Postcode					T		
Email address			Usual				
Telephone number		Mobile number					
wish to have access to	the following o	nline services	(tick all tha	t apply):			
Booking appo	intments						
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Accessing my							
Accessing my					ons*		
Accessing my							
*When made a	ailable at this	GP Practice	(March 20	15 – March	2016)		
Application	on for on	ine acco	ess to	mv me	dical re	cord	
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wish to access my med	lical record onli	ne and under	stand and a	gree with e	ach stateme	ent (plea	se tick)
1. I have read and understood the information leaflet provided by the practice							
2. I will be responsible for the security of the information that I see or download							
3. If I choose to share my information with anyone else, this is at my own risk							
4. I will contact the practice as soon as possible if I suspect that my account						risk	
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