

# THE STANSTED SURGERY

## Application for online access to Appointments and Prescriptions

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

***I wish to have access to the following online services (please tick all that apply):***

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>

**\*\* For Limited access to your medical record please ask the receptionist for the additional form**

Signature	Date
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### For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method	
		Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
Contractual minimum <input type="checkbox"/>			
Other.....			