

THE HERON PRACTICE

PATIENT ON LINE SERVICES – REQUEST FOR REGISTRATION

I would like to register for the following on line services:

Booking GP appointments

Requesting repeat prescriptions

Please complete the following information in full and return to a member of staff or forward to the practice

Name:

.....

Address:

.....

.....

.....

Date of birth:

.....

Contact telephone number(s):

.....

Email address:

.....

I understand that the Heron Practice reserves the right to decline this request for registration.

Signed: **Date:**

For practice use only

Patient EMIS number:

Request logged by:

Registration request accepted: Yes No

Date registration details sent to patient: