

## Application for Online Access

### Repeat Medication & Appointment Booking

**\*Please note we are only able to offer this service for adults over 16**

Name:	DOB:
Address:	Contact Number: Email Address:

**I would like to apply to use the online system via your website**

[www.oldcoulsdonmedicalprac.co.uk](http://www.oldcoulsdonmedicalprac.co.uk) for

Please tick:      Appointments            Repeat medications     

I understand that I need to return to the practice in 14 days to collect a letter which will enable me to access the online system.

I understand that the practice will send me the necessary documents to enable me to access the online system to the email address provided above

Signature:

Date:

For office use Only

Identification seen:	<input type="checkbox"/>	Bank Statement
<input type="checkbox"/> Passport	<input type="checkbox"/>	Utility bill
<input type="checkbox"/> Drivers Licence	<input type="checkbox"/>	Other
Please state _____		
Initials:	Date:	
(Please attach copies)		