



Save time and do it online!

Register today and see how you can make your life a little easier!

82 Bulkington Lane, Nuneaton, CV11 4SB
 www.whitstonesurgery.org
 Tel: 02476 641911 Fax: 02476 343286



APPLICATION FORM FOR AN ONLINE ACCESS ACCOUNT

*One application form per patient is required

Surname: Title: Mr / Mrs / Miss / Ms (please circle)
 First name/s:
 Address:
 Postcode
 Date of Birth*: (*you must be 13 to qualify for this service)
 Tel Home Tel Work Tel Mobile
 Email:

I would like to apply for an Online Access Account which gives me the ability to book routine GP appointments, cancel my appointments, request my repeat medication, and change any address/telephone number over the internet.

Please tick one:

- I will collect the letter containing my account details from reception in person and will bring an appropriate form of photo identification.
- I would like to nominate a friend/relative/carer to collect my account details on my behalf. I understand the person collecting my details will have access to my confidential account information and I take full responsibility for any misuse of my account or breaches of confidentiality that may occur as a result.

Whitestone Silver Surfers

Whitestone Surgery Silver Surfers are available to anyone who needs help with online access

PATIENT Participation GROUP

The full name of the person I nominate to collect my account details on my behalf is:
 Nominated Person
 I have read and agree with all the terms and conditions of use as detailed on the Online Access Information Sheet (available at reception).
 Signed
 Print Name Date

Please return this form to the surgery

NHS ELECTRONIC PRESCRIPTION SERVICE

This is a free, confidential, safe service that can make getting your prescriptions quicker and easier. Instead of having a paper prescription, your doctor can send an electronic prescription to the pharmacy of your choice.

To take advantage of this service fill out the details below and detach this section of the form and take it to your preferred pharmacy.



Surname: Title: Mr / Mrs / Miss / Ms (please circle)
 First name/s:
 Address:
 Postcode
 Doctor's Name Dr. Sacha Simon
 Surgery Address Whitestone Surgery, 82 Bulkington Lane,
Nuneaton, CV11 4SB

