Kirriemuir Medical Practice

Online Services - Patient registration form

If you would like to register for online services please complete the form below and return it to your practice in person.

|  |  |
| --- | --- |
| Patient details |  Please complete in BLOCK CAPITALS |
| Patient forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth |  |  |  |  |  |  |  |  |  |  |  |
| Email address**This email address will be used by your practice to send you notifications and reminders.**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Mobile number \* |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature |  |
| Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Completing the form on behalf of the patient? |
| Print forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Print surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationshipto patient  |  |
| Signature |  |
| Date |  |  |  |  |  |  |  |  |  |  |  |

\*By providing your mobile number you are consenting to receive text reminders for your appointments, and to letting us know if your number changes.

Requesting repeat prescriptions ם

About online services

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

www.patient-services.co.uk