

Application for SystemOnline Access

This form is for use by anyone wanting to access any of the on line services offered by the Practice. We will need to see a form of identification (to include current address) to ensure that we do not give access to patient data to the wrong person.

Name:

First line of Address:

Signed:

Date:

Email address:

This form will go to the Practice Manager, Bill Carter, who will issue you with details of your login and Password and also a help sheet to guide you through the process of gaining on line access.

For Office use.

Proof of identity seen. (Receptionist to tick relevant box. No need to take copy)

Driving Licence	
Passport	
Patient known to receptionist	
Other	

SystemOnline activated (Practice Manager)

Information sent to Patient (Practice Manager)