

Brandon Medical Practice

Elbourne Surgery, 31 High Street, Brandon, Suffolk, IP27 0AQ

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Clinical Partners: Dr Jacqueline Rae Dr Emmanuel Obiabo
Practice Manager: Kathryn Spencer

Patient Access – Application Form Online Ordering of Prescriptions

Please complete:

| |
|------------------------------|
| Name: |
| Date of Birth: |
| Address (Include post code): |
| Home Tel No: |
| Mobile Tel No: |
| Work Tel No: |
| Email Address: |

Now please bring this form along with you to the surgery, please bring with you:

- Photographic proof of identification e.g. passport, driving licence

And

- Proof of your address e.g. utility bill.

Without these we **will not** be able to accept your Patient Access application form.

To ensure patient confidentiality we are only able to accept registrations in person i.e. you cannot give your details to anyone else to register for you.

Who Can Apply?

- Patients must be aged 16 years or over to register for an online account.

Repeat prescription requests:

- Any current arrangements you may have for sending your prescription directly to your chosen pharmacy will continue to apply.
- You can check on line to see what repeat medication is currently authorised for you to re-order.
- You can check your repeat medications online.
- You can check whether your request has been accepted or rejected online before you collect your prescription.
- You should allow 48 hours from submitting a request before collecting it.

| | |
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| 1. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. I agree that it is my responsibility to keep secure the username and passwords I will be given. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. I agree that online services are provided at the discretion of the practice, and may be withdrawn by the practice at any time | Yes <input type="checkbox"/> No <input type="checkbox"/> |

To be signed at reception by patient

Date.....

Your registration details will be emailed to you within 7 working days.