The Strand Medical Centre / The Family Practice

01706 816 616 / 0161 643 4459

Registration form for booking appointments and ordering prescriptions via the internet / Patient Access.

One form to be completed for each family member. All persons **over 16** years should sign their own form. **(PHOTO ID NEEDED)**

**NAME: ………………………………………………………………………………………………………………………………..**

**DOB: …………………………………………………………………………………………………………………………………..**

**ADDRESS: ……………………………………………………………………………………………………………………………**

**PHONE NUMBER: ……………………………………………………………………………………………………………….**

**I wish to take part in the Family practice’s appointment and repeat prescriptions system via the internet. I understand any misuse of this system will result in internet access being denied.**

**SIGNATURE: ……………………………………………………………………………………………………………………….**

**DATE: …………………………………………………………………………………………………………………………………**

**On receipt of this completed form, a registration letter will be generated with a unique patient specific ID. You will not be able to access the relevant areas of the website without this.**

**(Please use this unique code / password to register for online access within 1 week or it will expire)**