

*The Strand Medical Centre/ The Family Practice
Tel: 01706 861616 / 0161 643 4459*

**REGISTRATION FORM FOR BOOKING APPOINTMENTS AND
ORDERING REPEAT PRESCRIPTIONS VIA INTERNET**

One form should be completed for each family member. All persons over the age of 16 should sign their own form. Thank you.

NAME -----

DATE OF BIRTH -----

ADDRESS -----

PHONE NUMBER(S) -----

**I WISH TO TAKE PART IN HOPWOOD SURGERY'S APPOINTMENT AND REPEAT
PRESCRIPTION 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.**