Baronscourt Surgery

Application for Online Access

| Surname | Date of birth | | | | | | | |
|---|---------------|-------------------------------|-----------------|------|----------------------|---------------------------------------|--------|--|
| First name | | | | | | | | |
| Address | | | | | | | | |
| | | | | | | | | |
| | | | Postco | de | | | | |
| Email Address | | | | | | | | |
| | | | | | | | | |
| Telephone Number | | | Mobile Number | | | | | |
| | | | | | | | | |
| | | e 11 - | | , . | 4 | | | |
| I wish to have access to the following online services (please tick all that apply): Booking / cancelling / viewing appointments (not available at the moment) | | | | | | | | |
| Requesting prescriptions | | | | | | omenty | | |
| Accessing my Online Summary (Medications & Allergies) (#93440) (not available at the moment) | | | | | | | | |
| the moment) | | | | | | | | |
| I wish to use Online Se | | | | | | d tick before sigr | | |
| I have understood the information provided by the practice | | | | | | | | |
| 2. I will be responsible for the security of the information that I see or download | | | | | | | | |
| 3. If I choose to share my information with anyone else, this is at my own risk | | | | | | | | |
| 4. I will contact the practice as soon as possible if I suspect that my account has | | | | | | | | |
| been accessed by someone without my agreement | | | | | | | | |
| If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | | | | | | | | |
| contact the prac | ctice a | as soon as poss | sible | | | | | |
| I understand and agree | with | all the above s | tatements: | | | | | |
| Signature | | Date | | | | | | |
| | | | | | | | | |
| I wish to collect all repe | | <u> </u> | | | 7 Llov | de in Ceinebumie | | |
| Baronscourt Surgery | | Dears Easter | | | | ds in Sainsbury's | | |
| Asda The Jewel | da The Jewel | | nour Portobello | |] Om | Omnicare Tollcross | | |
| Boots Fort Kinnaird | | Lindsay & Gilmour Elm Row | | |] Wel | Well Craigentinny | | |
| Boots Kirk Gate | | Lindsay & Gilmour Leith Walk | | |] Wel | Well Lochend | | |
| Boots Parson Green | | Lindsay & Gilmour Milton Road | | | | Well Restalrig □ Wootons Portobello □ | | |
| Boots Portobello | | Nuchem Piersfield | | | □ Wootons Portobello | | | |
| For practice use only | | | | | | | | |
| For practice use only Identity verified by | | Date | Method | | | | | |
| (initials) | | Date | IVICTIO | | | Vouch | ning 🗆 | |
| (iiiiaio) | | | | | | | | |
| Account created by | | 1 | | | | Date | _ | |
| | | | PLEASE COI | DE (| #91B) | | | |