SLADE GREEN MEDICAL CENTRE
156 BRIDGE ROAD, ERITH, KENT DA8 2HS
Tel – 01322 334 884

COLYERS LANE MEDICAL CENTRE
90 COLYERS LANE, ERITH, KENT DA8 3NZ
Tel – 01322 342 457

Appointments/Repeat Prescriptions/Access to Medical Records

THIS SERVICE IS NOT AVAILABLE TO PATIENTS AGED UNDER 16

PROOF OF ADDRESS (NOT MORE THAN 3 MONTHS OLD) AND PHOTOGRAPHIC PROOF OF ID MUST BE SUMITTED WITH THE APPLICATION FORM

Surname:	Date of Birth:
First Name:	
Address (including postcode):	
EACH APPLICANT MUST HAVE THEIR OWN UNIQUE EMAIL ADDRESS	
Email Address:	
Home Telephone Number:	Mobile Number:

I wish to have access to the following online services (please tick all that apply):

		Tick
1.	Booking appointments	
2.	Requesting repeat prescriptions	
3.	Accessing my medical record - **FORM MUST BE SUBMITTED BY APPLICANT IN PERSON**	
4.	I wish to access my detailed coded records	

I wish to access online services and understand and agree with each statement

ALL BOXES MUST BE TICKED

		Tick
1.	I have read and understood the information leaflet 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	
5.	If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible.	

ACCESS TO ONLINE SUMMARY WILL NOT BE GIVEN UNTIL THE PATIENT'S USUAL GP HAS GIVEN HIS/HER AUTHORISATION

NEW PATIENTS WILL NOT BE GIVEN ACCESS TO THEIR ONLINE SUMMARY UNTIL THEIR PREVIOUS MANUAL MEDICAL RECORDS HAVE BEEN RECEIVED AND SUMMARISED

Patient's Signature:	Date:

ONCE YOUR APPLICATION HAS BEEN PROCESSED YOU MAY RECEIVE YOUR REGISTRATION DETAILS VIA EMAIL, BUT WE ADVISE TO COLLECT A COPY FROM THE PRACTICE

For Practice use only

Patient NHS Number:		Vision ID:	
Identity verified by (name):		Details of proofs submitted: Photo ID: ……. Proof of Address: ……...	
Date Read Code **91B.00** added to patient's medical record:			
Date Read Code **93440** added to patient's medical record:			
Access to DCR authorised by GP:		Date:	
Date account created:			
Level of record access enabled: Prospective Retrospective All Limited Parts Contractual Minimum	 ☐ ☐ ☐ ☐ ☐	Notes:	

ONCE YOUR APPLICATION FOR VISION ONLINE SERVICES HAS BEEN PROCESSED YOU WILL RECEIVE YOUR REGISTRATION DETAILS VIA EMAIL