TAYBANK MEDICAL CENTRE

Patient Access - Online Services

About Patient Access

The practice would like to introduce you to an exciting new service we are currently developing. The service, known as **PATIENT ACCESS,** allows **registered** patients to order repeat medication over the internet via a personal computer, mobile phone or any other device that can be used to access the internet.

Easier than the current email service we use, request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

The online services are accessible via our website: www.taybankmedicalcentre.co.uk

The **Patient Access** mobile app is also free on Android and iOS

How to Register:

Confidentiality, security and safety for both the practice and our patients are key features of this new service. For any patient who wishes to register, we require you to attend the surgery in person with one form of photographic ID. Your personal registration and PIN access details will be available upon confirmation of your identity and will only be known to you. Practice staff will not have access to these details at any stage.

If you feel this facility would be of use to you, please complete and sign the form on the reverse of this letter and bring it along with proof of identify to reception during normal working hours.

If you have any queries in the meantime please do not hesitate to contact Kevin, our IT Facilitator (tel: 461588), who will be happy to assist and advise.

Patient Access Online Services - Registration Form

If you would like to register for this online service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.**

Once you are registered the practice will give you the information that will enable you to create a username and password.

Patient details	Please complete in BLOCK CAPITALS
Patient forename	
Patient surname	
Date of birth	
Email address **This email address will be used by your practice to send you notifications and reminders.**	
Mobile number	
Signature	
Date	

Completing the form on behalf of the patient?	
Print forename	
Print surname	
Relationship to patient	
Signature	
Date	D D / M M / Y Y Y Y

Staff use only	
Patient ID seen	
Type of ID	
Staff name	
Date	D D / M M / Y Y Y Y