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| Scotch Quarter Practice |  |
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| Dr. G. V. Baird, MB, BCh, BAO, DRCOG, MRCGP. | Carrickfergus Health Centre |
| Dr. J. Gray, MB, BCh, BAO, MRCGP. | Taylor’s Avenue |
| Dr. K. McConkey, MB, BCh, BAO, DRCOG, DGM, MRCGP. | Carrickfergus |
| Dr. C. M. Zubier, MB, BCh, BAO, DRCOG, DCH, MRCGP. | Co. Antrim |
| Dr. N I Conroy, MB, ChB, MRCGP, MIPM, DFSRH | BT38 7HT |
| Dr. J P Dickson, MB, BCh, BAO, Mpharm, MRCGP | Tel: 028 9331 5955 |
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| **Application for access to Practice Online Services** |
| Surname: | Date of Birth: |
| First Name: |   |
| Address: | Postcode: |
|
| Email address: |
| Telephone number: | Mobile number: |
|  |  |
| I wish to have the following online services (please tick all that apply):  |
| 1. Booking Appointments |  |
| 2. Requesting Repeat Prescriptions |  |
|  |  |
| Signature: | Date: |
| **I CONSENT TO CONTACT BY TEXT MESSAGE/EMAIL** |  |
| **For Practice Use Only** |  |
| Patient NHS Number: | Practice Computer ID Number |
| Identity verified by:  | Method: |
| Vouching  |
| Vouching with information in record  |
| Photo ID and Proof of Evidence  |
| Date: |   |
| Authorised by: | Date: |
| Date account created: | #91B recorded (email) / #9NdP recorded (SMS) |
| Date passphrase sent: |   |
| Notes / explanation: |   |