

Sandy Lane Surgery

ONLINE SERVICES

I would like to register with Sandy Lane Surgery for text messaging, email and access to online services, which allows me to-

- MAKE/CANCEL APPOINTMENTS**
- ACCESS TEST RESULTS**
- ORDER REPEAT PRESCRIPTIONS**
- UPDATE YOUR CONTACT DETAILS**
- RECEIVE TEXT APPOINTMENT REMINDER**

Patient Name –

Email –

Mobile Phone Number –

Date of Birth –

Patient Signature –

Vouched for by – (Name).....

ID Taken Type & Number –

Date –

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