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Patient Name – ……………………………………………………………..

Email – ………………………………………………………………………….

Mobile Phone Number – ……………………………………………….

Date of Birth – ……………………………………………………………...

Patient Signature – ………………………………………………………

Vouched for by – (Name) …………………………………………………..

ID Taken Type & Number – ………………………………………….

Date – ……………………………………………………………………………

Patient Name – ……………………………………………………………..

Email – ………………………………………………………………………….

Mobile Phone Number – ……………………………………………….

Date of Birth – ……………………………………………………………...

Patient Signature – ……………………………………………………….

Vouched for by – (Name) …………………………………………………..

ID Taken Type & Number – ………………………………………….

Date – ……………………………………………………………………………

**MAKE/CANCEL APPOINTMENTS**

**ACCESS TEST RESULTS**

**ORDER REPEAT PRESCRIPTIONS**

**UPDATE YOUR CONTACT DETAILS**

**RECEIVE TEXT APPOINTMENT REMINDERS**

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

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**ONLINE SERVICES**

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