Appendix 1

**SEDLESCOMBE HOUSE SURGERY**

**Application for on-line services**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Address |  |
| Email  |  |
| Mobile Number |  |

I wish to have access to the on-line services currently provided by the practice. Currently the services available are;

* Repeat prescriptions
* Medical summary
* Allergies

I have supplied one of the following documents as proof of ID so I can access online services

* Photo Driving Licence
* Passport
* Birth Certificate

I have read and understood the information leaflet and consent to being responsible for the security of the information within my medical record, please tick to confirm

<https://www.unidocs.co.uk/docs/datashare/scrleaflet.pdf>

|  |  |
| --- | --- |
| Signature | Date |

* Once we receive this form back and enter your details on to our computer, (*usually about 3-5 working days*) you are free to use our services.
* All calls to the surgery are initially triaged by the reception staff & then placed on a list for Dr’s comments.
* You can also use our website <https://www.sedlescombehousesurgery.co.uk/> & contact us via the engage consult box.

For more information regarding the surgery, please see our website <https://www.sedlescombehousesurgery.co.uk/> or our Facebook page.

*Jan ‘24*