HEATH LANE SURGERY

ONLINE REGISTRATION

For patients aged 16 years or over

For convenience why not register with us for online access?

This will enable you to book appointments online up to six weeks ahead to see a doctor and you can also request your repeat medications. Simply call in at reception with photo ID or visit our website for further information:
www.heathlanesurgery.co.uk

Providing us with your email / mobile telephone number helps us to contact you more easily to inform you of your online services login details and about health checks or details regarding the services we provide.

Name: ______________________________ Date of Birth: ________________

Contact Details:

Home telephone number: ______________________________ Preferred No. ☐

Mobile telephone number: ______________________________ Preferred No. ☐

Note: *By providing us with your email address we will assume that you are consenting to receive emails from us unless you complete the tick box below.*

****** Email address:

**** Please note** - *If you share an email address with anyone else you may not wish to provide us with this information.*

If you do not wish to receive information by SMS text messaging or email, please indicate below:-

I **DO NOT** wish to receive information by text messaging ☐

I **DO NOT** wish to receive information emails from the surgery ☐

By signing below, you consent to registering for online services at Heath Lane Surgery.

Signed: ______________________________ Date: ________________________

When completed please return this form to reception

Office Use:	Recorded:	Checked:	Scanned:
To Be Sent By:	Email	SMS	Letter