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Martlesham Heath
Suffolk IP5 3SL

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www.mhdoctors.co.uk

Application for online access to my medical record

| | |
|------------------|---------------|
| Surname | Date of birth |
| First name | |
| Address | |
| Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

| | |
|--|--------------------------|
| 1. Booking appointments | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions | <input type="checkbox"/> |
| 3. Accessing my medical record (medication, sensitivities & allergies) | <input type="checkbox"/> |

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

For practice use only

| | |
|--|---|
| Patient NHS number | Method <div style="text-align: right;"> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> </div> |
| Authorised by | Date |
| Date account created | |
| Date passphrase sent | |
| Level of record access enabled <div style="text-align: right;"> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/> </div> | Notes / explanation |