# LADYGATE LANE SURGERY

**Application for online access to my medical record**

Ladygate Lane Surgery offers online patient access that enables you to order your repeat prescription at the click of a button.

Please complete the sign-up sheet below and the reception team will issue your secure log in details.

*Please fully read the enclosed information sheet.*

|  |  |
| --- | --- |
| 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. Requesting repeat prescriptions |  |
| 3. Please nominate a pharmacy: |  |

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |

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

|  |  |  |
| --- | --- | --- |
| Verification by: | | |
|  | Passport or  Driving License  Utility bill/bank statement | Staff Member (name):  Date: |