



1. Would you like your prescriptions to be sent automatically to the pharmacy of your choice?

Yes:

No:

If yes, please indicate the name and address of your chosen pharmacy:

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2. Would you like to register for online services?
(booking/cancelling appointments, ordering prescriptions,
access to certain aspects of your medical record)

Yes:

No:

If yes, a login and password will be emailed to you. Please indicate your email address:

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From time to time we will send out important information about the surgery via email, including our quarterly patient newsletter. If you do not wish to receive such information be email, please tick this box