

TAYVIEW MEDICAL PRACTICE

**APPLICATION TO REGISTER FOR ONLINE SERVICES AND THE
AUTOMATED APPOINTMENT SYSTEM**

Please complete details for each individual patient requiring access to

- Online appointment booking and prescription ordering system
- Automated appointment system

The Practice will send you an ID for each patient requesting one which is required to access the online appointment booking and prescription ordering system

The Automated appointment system is accessed via the telephone system

All services require up to date telephone numbers

NAME	
ADDRESS	
DATE OF BIRTH	
TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

I agree to the Practice contacting me via the text messaging service

.....
PATIENT SIGNATURE

.....
DATE

Please return this form to the Practice