

**MONKSEATON MEDICAL CENTRE  
ONLINE SERVICES APPLICATION FORM**

To be completed by patient

|   |        |
|---|--------|
| Name:   |        |
| Date of Birth:  |        |
| Address:  |        |
| Telephone No:   |        |
| Mobile No:  |        |
| Email Address:  |        |
| Patient agreement read and understood.<br>(delete as appropriate) | YES/NO |

**Surgery Staff Only:**

|   |        |
|---|--------|
| Proof of ID Provided:<br>Passport/driving licence/medical card etc. | YES/NO |
| Identity Confirmed:<br>(not mobile phone bill)                      | YES/NO |
| Address confirmed by utility bill eg gas/electric                   |        |
| Patient known to staff:<br>Proof of ID not required:                | YES/NO |

Patient Agreement:

This service is available for regular repeat medical only.

If you choose to use our web page to order a repeat prescription or alter personal details, any inaccurate or incomplete information may result in the prescription not being issued.

Monkseaton Medical Centre is not responsible for any inaccurate information entered on our website by you or anyone acting on your behalf.

Any misuse or abuse of this system will result in the withdrawal of this service.

**You cannot use this service for acute medication that is not listed on your repeat prescription list.**

Patient signature:

Date:

Document to be scanned into patient notes:

Patient password:

Web site information given:

Signed:

Date:

Staff signature

Date: