

Surname

First name

Dr H A Siddique & Dr B Agha Southend Medical Centre Tel: 01702 333298



Application for online access to my medical record

In order to register for Online Access, 2 forms of ID are required: one should be photo ID such as Passport or Driving license, the other must be a bank statement, mobile phone or utility bill dated within the last 3 months.

Date of birth

Address					
Postcode					
Email address					
Telephone number		Mob	ile number		
wish to have access to the second sec		line services (please tick all t	hat apply):	
Requesting repeat prescriptions					
Limited access to parts of my medical record					
1. I have read and u 2. I will be responsit 3. If I choose to sha 4. I will contact the p has been accesse 5. If I see informatio contact the practi We will contact you with your Please remember to keep all the shared with someone you should be service or wish to withdra	inderstood the inderstood the inderstood the index information actice as soon as proceed by someone in my record ace as soon as proceed the index inde	information learity of the infoon with anyon n as possible without my at that is not about that is not about the constitution of the constitution	aflet provided in the provided	by the practice ee or download at my own risk my account ccurate, I will t up for you. Int details may have	been
Signature			Date		
Ear practice use only					
For practice use only Patient NHS number		Practice of	Practice computer ID number		
Identity verified by (initials)	Date	Method	Method Vouching □ Vouching with information in record □ Photo ID and proof of residence □		
Authorised by			FIIOIO ID AII	Date	
Date account created		Date Password sent			
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