



**ASCOT MEDICAL CENTRE**

Ascot Medical Centre  
Heatherwood Hospital  
Brook House  
Brook Avenue  
SL5 7GB

Telephone: 01344 874011

**EMIS Patient Access Application Form**

EMIS Patient Access allows you to use on-line services to book appointments, order repeat medication and view your medical records. **Parents are now able to have access for their children. Discretion for minimum age to be applied.**

To register to use Patient Access, all patients will need to complete this form and hand it to a member of Radnor House Surgery Reception staff, together with any of the following photographic ID:-

- Photo driving licence
- Student ID card
- \* Passport
- \* Travel card
- \* Disabled drivers pass

To verify identification, completed forms **must** be presented to reception in person by the person requesting access.

**Once reception has verified your ID they will issue you with your registration letter.**

Patient to complete:

|                  |  |
|------------------|--|
| Name:-           |  |
| D.O.B.:-         |  |
| Address:-        |  |
| Home Tel No:-    |  |
| Mobile No:-      |  |
| E-mail address:- |  |

I am the patient

Patient Signature: - \_\_\_\_\_ Date:- \_\_\_\_\_

**For completion by Surgery Staff only**

|                                  |   |
|----------------------------------|---|
| <b>Proof of ID seen</b>          | Yes / No  |
| <b>Form of ID seen</b>           | <input type="checkbox"/> Driving licence <input type="checkbox"/> Passport<br><input type="checkbox"/> Disabled Drivers Pass <input type="checkbox"/> Student ID card<br><input type="checkbox"/> OAP Travel card<br><input type="checkbox"/> Other |
| <b>Access PIN letter printed</b> | Yes / No      Date:   |
| <b>Access Registration code</b>  | Yes / No      Date:   |

Staff Signature:- \_\_\_\_\_

Staff Print:- \_\_\_\_\_