



Bellfield Surgery
Bellfield
Banchory
AB31 5XS

☎ 0345 013 0750
Fax 01330 827243/827244
www.banchorygrouppractice.co.uk



Patient Services - Patient Registration Form

The Patient Services Website will let you interact with our practice using the internet at your convenience even when we are closed. Currently Patient Services will allow you to order your repeat prescriptions. If you are interested in this service please complete the form below and **return it to the Practice in person, along with a valid form of photographic ID. For example a passport or driving licence.**

Please note that each patient requires an individual login name and password so each family member must complete a separate form. It is advised that you do not register more than one person with the same email address. Anyone aged 12 and over will require their own email address and mobile number for patient confidentiality. Any person who has an existing account prior to turning 12 must reconfirm their email address and mobile number when they reach 12 years of age to continue using this service.

Please note you can withdraw from Patient Services at any time by contacting the Practice on 0345 013 0750.

Please complete your details below clearly using **BLOCK CAPITALS**. Your details will be given to you when you bring this form to the surgery. If you are new to the practice then these details will be emailed to you when you have been added to our system.

First Name																			
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Surname																			
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Date of Birth	D	D	M	M	Y	Y	Y	Y
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Important - When registering to use Patient Services, we advise against using a shared email address as confirmation of appointments and prescriptions ordered are sent to the email address supplied.

Email Address																			
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Mobile No.																			
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Please note that it is important to inform the Practice as soon as possible if any of your contact details change. You can update your email address online when logged into your Patient Services account.

Preferred Pharmacy																			
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Signature

Date

Relationship to patient
 If completing on their behalf

For office use only:

Registration form accepted By Date

Photographic ID seen:

Online account generated By Date