St Peters Surgery

6-8 Oaklands Avenue

St Peters

Broadstairs CT102SQ

**Registering for Patient Access**

To register for online services please complete this form and return it to your Practice. Once your registration has been completed by the Surgery you will be issued with a user ID and Password.

Patient Details

Please complete in BLOCK CAPITALS

Forename

Date of Birth

Surname

Email Address: This will be used by your practice to send reminders

Mobile Number

*I wish to access my medical records online and understand and agree with each statement below*

1. *I will be responsible for the security of the information that I see or download*
2. *If I choose to share my information with anyone else, this is at my own risk*
3. *If I see any information on my record that is inaccurate I will contact the practice*

*as soon as possible*

Signed……………………………………………………………………………Dated……………………………………………