

EMIS ACCESS REGISTRATION

I would like to sign up for EMIS access which will enable me to book or cancel appointments and order repeat prescriptions from the Cheddar Medical Centre website.

Name:

DOB:

Address:

Telephone:

Email:

We will use your email address to keep you up to date with practice newsletters and updates from the Patient Participation Group.

I give consent for you to post my personalised access details to the address above

Yes No

I hereby give permission for Cheddar Medical Centre to register my personal details on my behalf with EMIS Patient Access.

Signed:

Date: