HILDENBOROUGH & TONBRIDGE MEDICAL GROUP Vision Online Services (VOS) Patient registration form

To register for online services please complete this form and return it to your practice in person, along with a two valid forms of identification, and one must contain a photo, for example your passport, photo driving license, bank statement (NOT utility bills). Once you are registered the practice will give you the information that will enable you to create a username and password.

| Patient details | Please complete in BLOCK CAPITALS | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| Patient forename | | | | | | | | | | | | | | | | |
| Patient surname | | | | | | | | | | | | | | | | |
| Date of birth | D | D | / | M | M | / | Υ | Υ | Υ | Υ | | | | | | |
| Email address | | | | | | | | | | | | | | | | |
| This email address will be used by your | | | | | | | | | | | | | | | | |
| practice to send you | | | | | | | | | | | | | | | | |
| notifications and reminders. | | | | | | | | | | | | | | | | |
| Mobile number | | | | | | | | | | | | | | | | |
| I wish to have access to the following online services (please tick all that apply): | | | | | | | | | | | | | | | | |
| 1. Booking appointments | | | | | | | | | | | | | | | | |
| 2. Requesting repeat prescriptions | | | | | | | | | | | | | | | | |
| Accessing my medical record | | | | | | | | | | | | | | | | |
| I wish to access my medical record online and understand and agree with each statement below (tick) | | | | | | | | | | | | | | | | |
| a) I have read and understood the information leaflet provided by the practice | | | | | | | | | | | | | | | | |
| b) I will be responsible for the security of the information that I see or download | | | | | | | | | | | | | | | | |
| c) If I choose to share my information with anyone else, this is at my own risk | | | | | | | | | | | | | | | | |
| d) If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | | | | | | | | | | | | | | | | |
| Signature | Signature | | | | | | | | | | | | | | | |
| Date | D | D | / | M | M | / | Υ | Υ | Υ | Υ | | | | | | |



| Completing the form on behalf of the patient? | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
| Print forename | | | | | | | | | | | | | | | |
| Print surname | | | | | | | | | | | | | | | |
| Relationship to patient | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | |
| Date | D | D | / | M | M | / | Υ | Υ | Υ | Υ | | | | | |
| | | | | | | | | | | | | | | | |

| Staff use only | |
|-----------------|-------|
| Type of ID seen | |
| Staff ID | Date: |
| Authorised by | Date: |

About Vision online services

We offer an online service for our patients so you can book your appointments and order your repeat prescriptions online at your convenience.

Online appointment booking

Have the flexibility to book and cancel your appointments from home, at work or any location with internet access. You don't need to queue at the practice, wait on the telephone and you can manage your appointments outside practice opening hours.

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.