ALBYN MEDICAL PRACTICE REQUEST FOR ACCESS TO ORDER PRESCRIPTIONS ONLINE

Albyn Medical Practice offer an online prescription service called "EMIS Access". This service is only to be used for ordering medication. We no longer offer an online appointment booking service. For any appointment queries, please phone the Practice on **01224 586829**.

- 1. Please complete all the sections below **clearly and in capitals (you must give an email address)** and sign to confirm you have read the conditions of use listed overleaf.
- 2. If representing someone under 16 years of age, please enter their details. Please sign the form yourself and indicate your relationship to them.

Once we have approved your application you will receive an email giving you a P.I.N. (Personal Identification Number) and instructions on how to register online.

Please note, an email address can only be used for <u>one</u> account.

I am the patient

□ I am representing the patient who is UNDER 16 years of age (Under 16s will be removed when they attain the age of 16 and will have to re-register themselves)

PLEASE USE BLOCK CAPITALS

Patient Name				
Date of Birth		Tel No.		
Address				
		Postcode		
Email				
Relationship to Patient if signing for under 16 year old				
Name of representative if signing for under 16 year old				

Conditions of Use

In order to maintain the quality of the service we provide, we ask that you follow these guidelines. Repeated failure to do so may result in your account being suspended.

- Please allow up to 4 working days for your prescription request to be processed. This includes the time it takes for the prescription to reach your pharmacy. Please allow a further 3 days if your prescriptions are posted to you or your chosen pharmacy.
- This service should only be used to order medication. Please do not use the additional comments section inappropriately. Any comments or requests not relating to your prescription request will not be actioned.

Signature	Date
Detient / Depresentative (places delete se epprepriets)	

Patient / Representative (please delete as appropriate)

PLEASE RETURN COMPLETED FORMS IN PERSON ALONG WITH PHOTO ID TO: Albyn Medical Practice, 30 Albyn Place, Aberdeen, AB10 1NW