

ALBYN MEDICAL PRACTICE

Request for Access to Order Prescriptions Online

Albyn Medical Practice offers an online prescription service via **Patient Facing Services (PFS)**. This service is **only** to be used for ordering medication.

We are unable to register patients **under the age of 16 years**.

For any appointment queries, please telephone the Practice on **01224 586829**.

Please complete all sections below **clearly and in CAPITAL LETTERS**. You **must provide an email address** and sign to confirm that you have read the Conditions of Use.

To process your application, the form must be completed **in person**, and you must provide **two forms of identification, one of which must be photographic**.

PATIENT DETAILS (To Be Completed by the Patient)

Please complete in **BLOCK CAPITALS**

Title: _____

First Name: _____

Surname: _____

Date of Birth: ____ / ____ / ____

Address: _____

Postcode: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address (Required): _____

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 will not be actioned.

Patient Signature: _____

Date: ____ / ____ / ____

ID Verification (For Practice Use Only)

Photo ID Provided (please tick):

- ☐ Passport
☐ Driving Licence
☐ Other Photo ID: _____

Second Form of Identification Provided:

- ☐ Utility Bill
☐ Bank Statement
☐ Council Tax Letter
☐ Other: _____

Practice Use Only

Identity checked by: _____

Date verified: ____ / ____ / ____

Patient Services access enabled: ☐ Yes ☐ No

Staff Signature: _____