

**HAWTHORN MEDICAL PRACTICE**  
**SYSTEM ONLINE ACCESS REQUEST**

Please fully complete the form below to apply for SystemOnline Access, in order for us to release your access details we will need to perform an identity check, therefore you will need to attend the surgery in person and provide us with a form of identification. Ideally this needs to be photographic.

Full Name..... Date of Birth.....  
Address.....  
..... Postcode.....  
Contact Telephone Number(s).....  
E-Mail Address.....

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

- SystemOnline is only available to patients 16 years of age and over
- SystemOnline is offered at the discretion of the practice, use of the service is monitored and any suspected abuse of the system by an individual will result in their user rights being terminated
- SystemOnline is ONLY available for pre-booking appointments and ordering repeat prescriptions for the account holding patient only, appointment and prescriptions cannot be booked or ordered on behalf of another patient
- SystemOnline is NOT for use in matters of urgency. In these cases patients MUST contact the surgery either in person or via the telephone.

I confirm that all the details I have provided are correct, and I have read the above information before signing the form.

Print Name..... Date.....  
Signature.....

**FOR OFFICE USE ONLY**

ID Seen.....  
Receptionist Intials.....