

Dr D J MacArthur
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THE PORCH
CORSHAM
WILTS
SN13 9DL

Reception Hours
Monday – Friday 8.15 am – 6.15 pm

Enquiries/Non-urgent visits/
Results (after 2 pm) 01249 712232
Appointments: 01249 713019
Appointment Cancellation only: 01249 717030
Emergencies Only: (Day and Night) 01249 714949

APPLICATION FORM FOR AN EMIS ACCOUNT

**one application form per patient is required*

I would like to apply for an EMIS Access Account which gives me the ability to book routine GP appointments, cancel my appointments, request my repeat medication, and change my address/telephone number over the internet.

Surname	
First Name (s)	
Address <i>(including post code)</i>	
Date of Birth <i>(you must be 16 or over to qualify for this service)</i>	
<u>Contact Information</u>	Tel Home:
	Tel Work:
	Tel Mobile:

Please tick one:

- I will collect the letter containing my account details from reception in person and will bring an appropriate form of photo identification.
- I would like to nominate a friend/relative/carer to collect my account details on my behalf. I understand the person collecting my details will have access to my confidential account information and I take full responsibility for any misuse of my account or breaches of confidentiality that may occur as a result. The full name of the person I nominate to collect my account details on my behalf is:

Nominated Person:

Please continue on next page

I have read and agree with all the terms and conditions of use as details on the EMIS Access Information Sheet (available at reception or on Porch Surgery web site)

Signed
Print Name
Date

Please return this form to the surgery:

EMIS Access Application Form
The Porch Surgery
Beechfield Road
Corsham
Wiltshire SN13 9DL.

Once you have submitted your application form, please allow 5 working days before collecting your account details from Reception.

The onus is on you to collect the details we will not contact you.

Please bring some photo identification with you (such as a passport, driving licence, student card) as we will need to verify your identification. We will not be able to give you your letter without this ID verification.

For Office Use

Date Application Received:	
Date Service Activated:	
Account Details Collected By:	Patient or Nominated representative (as named overleaf)
ID Confirmed by:	
Date:	