

**Heaton Medical Centre  
Drs Lovedale, Leeder, Woolley, Netts, Bommisetty**

**EMIS Application Patient Agreement**

**Appointments**

EMIS internet access allows you to pre-book your appointment up to six weeks in advance, subject to the availability of your Doctor. If you can not find a convenient appointment it is advisable to keep checking, as certain appointment times are released periodically during the week.

Once you have booked your appointment, it may be advisable to print a hard copy of your appointment.

**If you no longer require your appointment**, whether the appointment was booked on line, by telephone, or in person, It is your responsibility to cancel at least 1 hour before your appointment time. Patients who fail to keep appointments may be removed from our practice list.

**Prescription Requests**

Should you choose to use the internet to order a repeat prescription please ensure that your request is accurate. Any inaccurate or incomplete information, may result in the prescription not being issued.

**Change of Address**

Emis access provides you with the facility to update your address details, contact telephone numbers and e-mail address.

**Messages**

Web site enquiries must only be used for non urgent matters. Any urgent requests must be dealt with by contacting the surgery by telephone or in person.

Heaton Medical Centre is not responsible for any inaccurate information entered on our website by you or anyone acting on your behalf.

Any misuse or abuse of this service will result in the withdrawal of your access to internet booking.

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**EMIS Access Application Form**

**To be completed by patient:**

<b>Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Telephone Number:</b>	
<b>Mobile Number:</b>	

<b>Patient Agreement:</b> I confirm I have read and understood the attached agreement:	<b>YES / NO</b> (delete as appropriate)
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**Practice Staff to complete:**

<b>Proof of ID:</b> (passport, utility bill, driving license)	<b>YES / NO</b>
<b>Identity confirmed by staff</b>	<b>YES / NO</b>
<b>Identity provided</b>	
<b>Patient known to staff proof of ID is not required</b>	<b>YES / NO</b>

**Patient Signature** .....

**Date** .....

**Please note this agreement will be scanned into your medical record**

