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## Online Services Registration Form

If you would like **linkage codes** to register for Old Bridge Surgery's patient facing services, such as NHS App or Patient Access, please complete this form below.

Surname:	Date of Birth:
Forename:	NHS Number:
Address:	Mobile Number:
	Home Number:
Postcode:	Email Address:

### I would like access to the following:

Requesting repeat prescriptions	<input type="checkbox"/>
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Online services that Old Bridge Surgery currently use are [NHS App](#) and [Patient Access](#).

Please click on your preferred choice and follow the registration process. Alternatively sign in if you already have an account.

The NHS App has an easy-to-follow online verification service which will link your profile to Old Bridge Surgery but If you require verification codes to link your account, these will be emailed over to you shortly after completing and signing this form.

For more information about getting started with GP online services, please visit [www.nhs.uk/patientonline](http://www.nhs.uk/patientonline)

I agree to provide **TWO** forms of ID, **one photographic** such as a passport or driving licence AND **one proof of address document** such as a bank statement, utility bill (Where a driving licence has been used as photographic ID, it cannot be used as proof of address)

Patient Signature: ..... Date: .....

### Office use only

ID seen:

Document 1	
Document 2	
Seen by	
Date	