COLWALL SURGERY

ELECTRONIC REPEAT PRESCRIPTION REQUEST FORM

INTERNET PATIENT ACCESS

I would like to send my repeat prescription via Internet Patient Access:

https://patient.emisaccess.co.uk/

Name _____ Date of birth _____

Address _____

_____

Telephone Number: _____

Mobile phone number: _____

e-mail address (please write clearly) _____

Signed _____ (Patient)

Date: _____

_____

Reception use only

Patient Ref. No (EMIS): _____

Accepted by and procedure explained: _____ (Receptionist)

Patient Access Registration Form given to Patient: Yes / No   (Please ring)

Please scan this into the patient's record