DR AZIM AND PARTNERS

67 Elliot Road, Hendon, London NW4 3EB

Tel no: 020 8457 3950 Email: nclccg.drazimandpartners@nhs.net

Application for online access

Please complete in CAPITAL letters

Surname:	Date of birth:
First name:	
Address:	
Email address:	
Telephone number:	Mobile number:

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐

I wish to access my medical record online and understand and agree with each statement (tick)

I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	☐

1. I have enclosed a copy of my photo ID passport/driving licence	☐
2. I have enclosed proof of my address (no older than 3 months)	☐

Signature:	Date:

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID & Proof of Address ☐	
Authorised by			Date
Date account created			
Date passphrase sent			