

PARK GREEN SURGERY

Waters Green Medical Centre • Sunderland Street • Macclesfield • Cheshire • SK11 6JL
 Tel: 01625 429555 • Fax 01625 502950

Dr C A Ratcliffe
 Dr K N Monaghan
 Dr R T G Van Ross
 Dr R H Kenny
 Dr D R Morris
 Dr G M Duce
 Dr A C Whaley
 Dr J Leigh

Application to join EMIS Access

| | |
|--------------------------|----------------|
| NAME: | |
| DATE OF BIRTH: | |
| ADDRESS: | |
| TELEPHONE NUMBERS | Home: |
| | Work: |
| | Mobile: |

I wish to apply to Park Green Surgery to join EMIS Access which enables me to book on-line appointments at Park Green Surgery. I accept the terms and conditions as stated below. I will undertake to keep my User Name and Personal Identification Number confidential and not to disclose this to any other person. I will ensure that I will cancel any appointments that I book on-line giving at either via the internet or by telephone – I will give at least 24 hours notice. I understand that if I misuse this service or fail to cancel appointments that I do not intend to attend this will mean immediate withdrawal of this facility.

Signed Date

Terms and Conditions

Whilst we make all reasonable efforts to provide the Service, we will not be liable for any failure to provide the service, in part or full, for any cause that is beyond our reasonable control. This includes in particular any suspension of the service resulting from maintenance and upgrades to our systems or those of any party used to provide the service.

You must keep all of your personal details private. You must take all reasonable precautions to prevent the fraudulent use of your personal details.

We reserve the right to change the service from time to time.

We may, where we consider it appropriate suspend, withdraw or restrict the use of the service or any part of the service at any time by giving you reasonable notice.

You may terminate this agreement by notifying us in writing that you wish to withdraw from using EMIS Access. The notification will not be effective until we receive it.

For OFFICE USE ONLY: Please remember two proofs of identification are required, one must include a picture and the other a utility bill for example must not be more than 3 months old.

EMIS PATIENT NUMBER

ACCESS ID:

PATIENT UNDERTSANDS REGISTRATION PROCESS: Sign

PROOF OF IDENTIFICATION: Passport Number

Driving Licence Number

Birth Certificate
 (CHECK DOB).....

Other