St George's Medical Centre

REQUEST FOR PROXY ONLINE ACCESS FOR PATIENTS OVER THE AGE OF 16

Parsons Lane Littleport Ely Cambs CB6 1JU

Tel: 01353 864100 Fax: 01353 864171

Online access for managing repeat prescriptions and appointments can be given to a Carer with the patient's consent or by their usual GP if the patient does not have capacity.

Patient's Details	
Name:	Date of Birth:
Address:	
Contact details for the patient: We will as (including by SMS text message and email if ap	ssume permission to contact the patient in these ways oplicable) unless you indicate otherwise.
Home telephone:	
Mobile telephone:	Who owns the phone?
Email:	please indicate
 I give consent for the person nan medications and to book/cancel a 	ned below to use online access to request appointments on my behalf.
Signed:	Date:
Signed Agreement	
available in Reception and Dispensary and from	e by the Terms and Conditions for online access (copies a www.stgeorges-littleport.co.uk). The Practice will monitor ed that a patient is misusing the system, a warning letter will e, or recurs, access will be removed.
□ Name:	□ Signed:
□ Relationship to the cared for pation	ent named above
OR	
□ GP Agreement:	
GP Comments:	
Practice Use Only;	
Records amended by	Date