**Vision Online Services (VOS) Registration**

The practice has recently introduced **Vision Online Services** which links directly into your medical record at the practice. This makes it easier for patients to request authorised repeat medication without the need to type in the details of the drugs. Patients using this system also have the added benefit of being able to book advance GP appointments.

If you are 16 or over and are interested in using this new feature, please complete the form below to allow the practice to activate your record. We will then send all of the information you will need to create your online account in an email to the address you provide us with.

Please note, to maintain patient confidentiality, it is preferred that each patient has their own individual email address. This is because automated confirmation of any medication orders placed and appointments booked will be sent to the email address held on record for that particular patient. Where this is not possible and a family wish to share a single email address, all parties must be satisfied that there is no reason not to and will be asked to sign a mandate to confirm this for the practice.

Top of Form

**VOS Registration Form**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**