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**PATIENT SERVICES REGISTRATION FORM**  
**[www.patient-services.co.uk](http://www.patient-services.co.uk)**

If you would like to register for online services and are **aged 16 years and over**, please complete the form below and return it to the practice along with a valid form of photographic identification, such as a passport or driving licence.

**VERY IMPORTANT:** Once returned, please email [gram.maryhillhcelgin@nhs.scot](mailto:gram.maryhillhcelgin@nhs.scot) from the email account you are registering with so that we can verify the address. Please include "Patient Services Registration" in the subject box and enter your name, address and date of birth in the body of the email. We will then reply with the information that will enable you to create a username and password.

PATIENT DETAILS:			
FIRST NAME(S):		DATE OF BIRTH:	
SURNAME:		CONTACT NUMBER(S):	
EMAIL ADDRESS:			
HOME ADDRESS:			
PREFERRED PHARMACY: <i>(this is where all prescriptions will be sent for you to collect from)</i>			
Boots – Glassgreen [ ]	Boots – High Street [ ]	Boots – Springfield [ ]	Bishopmill [ ]
Right's Clifton Road - [ ]	Right's Queen St - [ ]	Baird's – Farmfoods [ ]	Baird's Westend - [ ]
Roths [ ]	Lhanbryde [ ]	Burghead/Hopeman [ ]	Aberlour [ ]
<b>SIGNED:</b>			
<b>PRINT:</b>			
<b>DATE:</b>			

OFFICIAL USE ONLY:	
PATIENT ID SEEN:	
TYPE OF ID:	
STAFF SIGNATURE:	
DATE:	