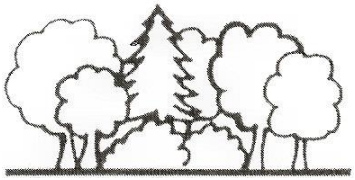
DR. CAROLYN PRIOR
DR. PANDU BALAJI
DR. EMANUEL HACIATURIAN
DR. HAROON MUFTI

WOODLANDS PRIMARY CARE



146 HALFWAY STREET
SIDCUP
KENT
DA15 8DF

TEL. NO. 020 8300 1680

MANAGE YOUR HEALTHCARE PROVISION ONLINE

- If you would like to register for online services, and you have chosen a provider who requires you to get registration details from us to link your account to the surgery, please complete the below form.
- You will need to provide photo ID (e.g. passport / driving licence) alongside this form.
- Online services do not allow shared email addresses, so please give your own, personal email address.
- Only patients aged 16 years and over can register for online services.
- Forms that are not filled in completely will not be authorised.
- Please return the form to surgery reception with photo ID once completed.

More information about online services can be found on our website:
www.woodlandssurgerysidcup.nhs.uk/nhs-app

First Name: _____ **Surname**: _____

Email Address: _____

I give my consent for personal registration data to be sent to this email address: PLEASE TICK ☐

Mobile Number: _____ **Date of Birth**: _____

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

1. **Booking Appointments Online** ☐
2. **Requesting Repeat Prescriptions** ☐
3. **Accessing my Medical Records (there may be a limit to what records are viewable online)** ☐

I am signing to the effect that I wish to access my medical record online and understand and agree with each statement below:

1. I have read and understood the online services information 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. I will contact the practice immediately if I suspect that my account has been accessed by someone without my permission.
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.

Signed: _____ **Dated**: _____

For Office Use Only

Photo ID Seen (please state which type): _____
Staff Member Verifying Photo ID: _____

Form Revised: October 2025