## Longfield Medical Centre

Tel: 01621 876433 www.longfieldmedicalcentre.nhs.uk

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## REQUEST TO ACCESS SYSTMONLINE

It is Practice Policy that children between the ages of 13 to 16 <u>are not permitted</u> to have access to Systmonline.

	Date of Birth:		
	Name:		
	Address:		
	Email:		
	Mobile Phone Number:		
I confirm I am the patient named above/OR I have parental responsibility for patient named above (please delete where appropriate). I would like to request a password and login to enable me to access SystmOnline.			
	ake you a "Proxy" user). Once tl	sting a password and login for a young person under the age of 13 years (this will nis young person reaches 13 years of age, for the purpose of patient confidentiality to their SystmOnline account will automatically be disabled.	

You will be given 'proxy' access to the following online services:

- Booking appointments
- Requesting repeat medications

Signature			
By signing this form, I consent to my username and password for accessing my online services be sent to me by			
text/email. Both requires verification which will be sent to you once the registration process is complete			
Patient Signature/Signature on behalf of			
patient:			
If you are not the patient please state your			
relationship to the patient:			
Date:			
Photo ID of Parent/Guardian:			
(Note of ID seen and Staff Initials)			

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