**ONLINE REPEAT PRESCRIPTIONS
AND BOOKING ONLINE APPOINTMENTS
Terms & conditions**

Before you begin to use SystmOne Access we would appreciate it if you could read the following guidance regarding the ordering of repeat prescriptions and booking Doctors’ appointments over the internet and sign at the bottom of this form before returning it to the surgery with photo ID.

**Only patients aged 16 years or over may register for SystmOne Access.**

Any change of name, address or change of email address should be notified as soon as possible to the surgery.

Please also note only GP appointments can be booked as nurse appointment times vary depending on the procedure.

When ordering your prescription, please be advised that the only medications which will be displayed are your recent repeat prescriptions. Medication not set up by the Doctor as a repeat, or which has not been issued for some time (or discontinued) cannot be processed in this way. Your prescriptions will be available in 5 WORKING DAYS and unless requested otherwise, the prescription will be available from your nominated pharmacy.

Please DO NOT request medication online if you require it early (i.e. if you are going on holiday), as it may be rejected. You will need to hand write your request with the reason why you are requesting it early.

We will be monitoring the use of the service and we are sure that you will find it most useful, if however we find that a patient is abusing the system, we will revoke their access to this service and they will then need to liaise with our Administrating team. We would consider inappropriate use as:- sending inappropriate or abusive messages, requesting medication for other members of the family etc.

When you have set up your SystmOne Access there will also be a facility to book Doctor appointments, each Doctor will have a selection of appointments which will be available to book online each week. If you book one of these appointments online and find you cannot attend, please cancel the appointment via the on line service please.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please enter your name) have understood and will adhere to the Practice Guidelines for the SystmOne Access. I understand that failure on my part to adhere to the guidance may result in my SystmOne Access registration being terminated. I understand that this will in no way affect my registration with the practice.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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