

DR ROBINSON & PARTNERS

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REQUEST FOR ONLINE BOOKING SYSTEM REGISTRATION DETAILS

Name: _____

Please print

Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

I hereby give Dr Robinson & Partners consent to register my details allowing me to use the Online Booking & Prescription Ordering system. I understand that it is my responsibility to ensure that my PIN and password are kept safe and secure, and not to share them with any other person.

Signed: _____

Date: _____

Please return this form to the surgery, you will be able to collect your personal security PIN number after five working days from reception.

Please note you will be required to show some form of identification before your details can be released.