

**Ormeau Park Surgery**

**Introduction of Online Services**

**Online Services is a web-based application which has been developed to expand the services available to our patients.**

**These new services now give you the option to request services from the Surgery online at a time that is convenient to you.**

***We currently deal with over 600 telephone calls each day, the majority of which are for Repeat Prescription or Appointment Requests, this can be very frustrating for patients.***

***To help us to help you, you can now contact us via this new system via your laptop, iPad, iPhone etc.***

**Online Appointments** - This enables you to view, book, or cancel your appointments the doctor/nurse online.

**Online Repeats** – This facility allows you to request or check your repeat prescriptions online.

You will need to register with the practice to assess this service, and once registered you will be given information that will enable you to create your username and password.

**If you are interested in this service, please complete the form below and return it to reception along with photographic ID.**

Please Note:

If you are registering your family members to a singular email account this means that for all appointments and repeat requests, whether made online or in person at the practice, a confirmation or reminder will be sent to the email address. We would advise that over the age of 16 years register with their own unique email address. If this is not possible, please sign below to show that you are aware of this and give consent.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Under 16 year olds can be registered with their parents email address.**

If you change any of the contact details below, you must notify us, we shall then update your registration details.

Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Mobile Number:  |

|  |
| --- |
| Email Address: *Please write legibly* |

**Many thanks**

**The Doctors**

**Ormeau Park Surgery**

**Office Use ONLY – ID checked YES/NO**