

BLACKFORD HOUSE MEDICAL CENTRE

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Dr C ALIER
Dr A EHSAN
DR D MATHEW
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Practice Manager Partner

Patient Access

Online Ordering of Prescriptions Registration Form

If you would like to register for this online service please complete the form below and return it to the surgery in person, **along with a valid form of identification, for example photo ID or your passport.** Once you are registered, you will receive a registration email which will enable you to create a username and password.

Patient details	Please complete in BLOCK CAPITALS																			
Patient forename																				
Patient surname																				
Date of birth		/		/																
Email address This email address will be used by your practice to send you notifications and reminders.																				
Mobile number																				
Signature																				
Date		/		/																
Staff use only																				
Patient ID seen																				
Type of ID																				
Staff name																				
Date		/		/																

IMPORTANT

THIS SERVICE IS ONLY AVAILABLE FOR PATIENTS OVER THE AGE OF 16 YEARS OF AGE.

THIS FORM CAN ONLY BE PROCESSED ONCE A VALID FORM OF ID HAS BEEN SHOWN TO A MEMBER OF THE RECEPTION TEAM. IF NO ID IS SHOWN THEN UNFORTUNATELY THIS FORM CANNOT BE PROCESSED.