

# Falkland House Surgery

**Please print and complete this form to register for our on-line services: repeat prescriptions, appointments and messaging**

Photo ID may be required to process this application

<b>NAME</b>		
<b>D/B</b>		
<b>E-MAIL ADDRESS</b>		
<b>'PHONE</b>	<b>MOB:</b>	<b>HOME:</b>

**ARE YOU HAPPY FOR THE SURGERY TO CONTACT YOU BY TEXT MESSAGE ?**

**Y / N**

**ARE YOU HAPPY FOR THE SURGERY TO CONTACT YOU BY E-MAIL ?**

**Y / N**

**Please return this completed form to Reception**