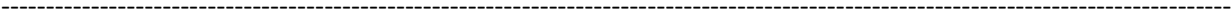


Completing the form on behalf of the patient?

Print forename																				
Print surname																				
Relationship to patient																				
Signature																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										



Staff use only																				
Patient ID seen																				
Type of ID																				
Staff name																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										

Contact Details recorded in Registration Module By:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Online Account Generated By:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Filed in Docman By:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

CONFIDENTIAL PATIENT INFORMATION

**CONSENT FORM TO ALLOW ANOTHER PERSON TO USE THE SAME EMAIL ADDRESS
FOR ONLINE SERVICES**

Patients Name:		(Print in Block Capitals)
Patients DOB:		
Patients Address: (Please print in Block Capitals)		
Email address:		

I hereby give consent that the person named below is allowed to use the above email address for Vision Online Services: It is my responsibility to inform the practice of any changes in relation to giving consent
Signature of Patient:

Name of Proposed Person:		(Print in Block Capitals)
Relationship to Patient:		(Print in Block Capitals)
Address of Proposed Person: (Please Print in Block Capitals)		
Contact telephone No:		
Signature of Proposed Person:		

Dated:	
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TO PATIENT – PLEASE FILL IN ALL THE DETAILS ABOVE AND RETURN TO RECEPTION AS SOON AS POSSIBLE SO THAT WE CAN ARRANGE FOR THIS.