

EMIS Access Application Form

Patient to complete:

| | |
|-----------------|--|
| Name: | |
| D.O.B: | |
| Address: | |
| Tel No: | |
| Mob No: | |
| E-mail address: | |

Please bring with you photo ID. **e.g.** Passport, driving license plus utility bill, when you come to collect your PIN.

Thank you

Patients Signature _____

Date _____

EMIS ACCESS

BY COMPUTER

BY TELEPHONE

Order Regular Prescriptions
Change Address
Contact Details

Make Appointments
Change Appointments
Cancel Appointments

Form Required
Collect from reception.
Complete and Return
Allow 48hours

Collect PIN from reception
ID Required.
Photo ID and a current utility bill.

REGISTER

Computer

Go to Practice Web Site.
Click on EMIS Access
button

Follow instructions
[www.downingstreet
surgery.co.uk](http://www.downingstreet
surgery.co.uk)

Telephone

Use automated system
Follow Prompts