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## **Booking my Appointments Online & Online Repeat Prescription Request**

I \_\_\_\_\_ (print name) would like to sign up for Patient Access.

I am aware that I will be able to View, Book and Cancel my Doctors' appointments online at any time. I am aware that I can request repeat only prescriptions.

I enclose two forms of Identification, one photographic i.e. Passport and a recent utility bill.

ID 1. \_\_\_\_\_ (Photo ID Preferred)

ID 2. \_\_\_\_\_

Patient Forename \_\_\_\_\_ Patient Surname \_\_\_\_\_

DOB \_\_/\_\_/\_\_

Email Address: \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_/\_\_/\_\_

**Please hand this form back to Reception where you will then receive your Secure Password.**

For Office use only (Tick & initial)  
**Form checked (all details)**  
**ID received & photocopied**  
**Form Scanned**