**VISION ONLINE SERVICES REGISTRATION**

First Name: Surname:

Date of Birth: GP:

Email Address:

Mobile Number:

Please tick:

I hereby give consent for text messages to be sent to the above mobile number from Banbridge Group Surgery

Signed: Date:

\*All patients aged 16 and over must sign and date the form

Please note that appointment confirmations/reminders and prescription request confirmations will be sent to your registered email address when booked online. Patients who share an email address with family members should be aware that this information will be viewable by all persons who have access to this email account.