

# ABBHEY SURGERY

## Request for Online Appointment Booking Service registration details

In accordance with data protection principles, to enable access to our **Online Appointment Booking Service** we require you to complete the details below to confirm that you are consenting to Abbey Surgery releasing these registration details.

Name: .....

DOB: .....

Address: .....

.....

.....

*I hereby authorise Abbey Surgery to release registration details to allow me to use the Online Appointment Booking system. I understand that it is my responsibility to ensure that the details are kept safe and secure and not shared with anyone else.*

Signed: .....

Print Name: .....

Email Address: .....

Date: .....