



PATIENT ACCESS REQUEST FORM

For booking appointments & ordering repeat medication

Full Name	
DOB	
ADDRESS	
Photo ID (type and ID number)	
Proof of Address (note the type)	
Date	

The Admin department aim to process your request within 7 days

The procedure to set yourself up and your registration details will be posted to you

If you have not received your details within 14 days please call and speak to Karen Davis or email

wellspring.surgery@nhs.net

PLEASE DO NOT REPEAT A REQUEST

Thank You