



PATIENT SERVICES (VOS) REGISTRATION FORM

www.patient-services.co.uk

Please return to: gram.maryhillhcelgin@nhs.scot

PATIENT DETAILS			
FIRST NAME:		SURNAME:	
DATE OF BIRTH:		PREFERRED CONTACT NUMBER:	
HOME ADDRESS:			
EMAIL ADDRESS: You CANNOT be set up for this service without an email address. Please ensure you complete this section.			
PREFERRED PHARMACY			
Boots Glassgreen	<input type="checkbox"/>	Boots High Street	<input type="checkbox"/>
Boots Springfield	<input type="checkbox"/>	Bishopmill	<input type="checkbox"/>
Right's Lossie Clifton Road	<input type="checkbox"/>	Right's Lossie Queen Street	<input type="checkbox"/>
Baird's Westend	<input type="checkbox"/>	Rothes	<input type="checkbox"/>
Lhanbryde	<input type="checkbox"/>	Burghead & Hopeman	<input type="checkbox"/>
Aberlour	<input type="checkbox"/>	Collect at Elgin Health Centre	<input type="checkbox"/>
<i>We do not deal with Christies of Fochabers pharmacy. If you would like to arrange for prescriptions to be sent there, you will need to provide us with your own stamped addressed envelopes made out to Christies of Fochabers chemist. Thank you.</i>			
SIGNED			
PRINT			
DATE			

If you are submitting your completed form back to us electronically at the above email address you do not need to sign the form. Consent is implied once you return the form to us.

Once received, unique codes will be sent out to your email address which will allow you to register for Patient Services.

Telephone: 0345 337 0610

Appointments & General Enquiries

Email: gram.maryhillhcelgin@nhs.scot