

**NEWNHAM WALK SURGERY**  
WORDSWORTH GROVE, CAMBRIDGE, CB3 9HS

TELEPHONE 01223 366811 FAX 01223 302706

**ONLINE APPOINTMENT BOOKING, REPEAT PRESCRIPTIONS  
REQUESTS.**

If you would like to take advantage of these facilities, please complete the following details and hand this form to the receptionist with your registration forms. It is current practice that you provide 2 forms of evidence of identity, one of which **must** contain a photograph. Acceptable documents include a passport, driving licence and bank statements.

**Name:** .....

**Date of Birth:** .....

**NHS Number:** .....

**Registered Address:** .....

.....

**Telephone number:** .....

**Mobile:** .....

**Signature:** ..... **Date:** .....

<b>For Office Use Only: Verification of ID</b>	
ID seen.....	Vouched for by.....
Staff Initials .....	Date.....

**Detailed Coded Medical Records**

The Practice now has the facility to offer our Patients Detailed Coded Access to their Medical Records. If you wish to receive further information regarding this please ask at reception or refer to our Practice Website/Online Services Page

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**SMS Messaging Service**

**SMS TEXT MESSAGING SERVICE**

**The Surgery uses a SMS Text Messaging Service for appointment reminders and when certain health promotions are available. If you do not wish to use this service please inform reception.**