

# Request Form for an EMIS Access Account

Please set up my EMIS Access account and issue a letter containing my account details.

**Full Name:** .....

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

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

**Phone/Email:** .....

**Please tick one:**

- I will collect the letter containing my account details from Reception in person (**ADVISED**).
- I would like to nominate a friend/relative/carer to collect my account details on my behalf. I understand that the person collecting my details will have access to my confidential medical information and I take full responsibility for any misuse of my account or breaches of confidentiality that may occur as a result.

The full name of the person I nominate to collect my account details on my behalf is:  
.....

I have read and agree with all the terms and conditions of use (as detailed on the EMIS Access Info Sheet available from Reception or the Practice Website).

**Signed:** .....

**Print name:** .....

**Date:** .....

Give your completed Form to Reception or post to: Burford Surgery, 59 Sheep Street, Burford. Please allow 5 working days for your account to be set up before collecting your letter.

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**For staff use only**

Letter collected by:  Patient  Nominated Representative (as named above)

ID confirmed by (staff member): .....

Date: .....