

**TYNE MEDICAL PRACTICE**  
**ONLINE SERVICES**

**PRESCRIPTION REQUESTS**

If you require regular medication, your doctor may arrange for this to be set up as a repeat prescription. This would enable you to request the items without having to see or speak with a doctor each time you request the item. The doctor may still ask you to arrange an appointment for review from time to time and it is important that you do this to ensure that there is no disruption in the supply of your medication.

The practice currently has online access for requesting repeat prescriptions. We will be switching over to a new prescription ordering system from 1<sup>st</sup> September 2021.

**ONLINE PRESCRIPTION REQUESTS**

All patients will be required to register for the service by completing a registration form. Once completed the form can be posted in the box at the main entrance to the practice. Alternatively, if you have the facility to scan and email the form and supporting information this can be emailed to [Photos.TMP@nhslothian.scot.nhs.uk](mailto:Photos.TMP@nhslothian.scot.nhs.uk)

Once the form is completed, signed and returned to the practice, we will send you an activation letter by email. Once your registration has been activated you will be able to order your repeat prescriptions at [www.patient-services.co.uk](http://www.patient-services.co.uk). The practice has a dedicated member of the team to help with this transitional process. If you have any issues please contact us and we can arrange for them to give you a call.

**ORDERING FROM THE SURGERY**

Requests for prescriptions can also be posted in the box at the main door at the surgery.

**ORDERING FROM YOUR PHARMACY**

Some pharmacies offer an ordering service on behalf of patients. Please contact your pharmacy directly regarding this.

**Please allow 72 hours for the processing of your prescription request ( not including weekends or public holidays).**

**Some requests may require a review with the doctor or nurse before a prescription can be issued. Please ensure that you contact the practice to arrange an appointment when this is requested to ensure that there is no disruption in the supply of your medication.**

**ONLINE - BOOKING / CANCELLING / VIEWING APPOINTMENTS**

At present you can cancel your appointment direct from the practice website at [www.tynemedicalpractice.co.uk](http://www.tynemedicalpractice.co.uk)

Booking and viewing appointments is not currently available.

**ACCESSING AN ONLINE SUMMARY ( MEDICATIONS / ALLERGIES)**

This service is not currently available

**TYNE MEDICAL PRACTICE**  
**Application for Online Access**

Surname	Date of birth
First name	
Address	
Postcode	
Preferred Email address (not shared):	
Telephone number	Preferred Mobile number

**I wish to have access to the following online services (please tick all that apply):**

1. Booking / cancelling / viewing appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Requesting acute prescriptions	<input type="checkbox"/>
4. Accessing my Online Summary (Medications & Allergies) (#93440) (not available at the moment)	<input type="checkbox"/>

**I wish to use Online Services. Please read each statement carefully and tick before signing.**

1. I have understood the information provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

**I understand and agree with all the above statements:**

Signature	Date
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**For practice use only**

Patient CHI number	Vision ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> <b>Photo ID and proof of residence <input type="checkbox"/></b>
Authorised by		Date
(#91B)		
Date account created		
Date registration letter/email sent		