

Tollerton Surgery

**Patient Request for their online access to be withdrawn**

Name.....

Address.....

.....

Date of Birth.....

I can confirm that I request that Tollerton Surgery apply the  
'129033100000103' code to my medical record. This will disable online access  
to my medical record.

I would however still like access to the following:

**Appointments**

**Prescription Ordering**  *(Please tick if still required)*

*(Should I change my mind at a later date, I know I can contact the Practice and have the 106  
code applied to my record).*

Patients Signature.....

Date.....

Proof of Photo ID seen.....