



**PARK VIEW
SURGERY**
FMC HEALTH SOLUTIONS LTD

Dear Patient

Thank you for your interest in registering with the Doctors at Park View Surgery.

Please can you complete the following and return to the receptionist.

1. GMS1 (purple form)

Please note we require two forms of identification, these need to be either a passport or driving licence (photo ID) and a utility bill or bank statement with proof of your current address. Without these we cannot register you at this surgery.

2. New patient application form

Please complete ALL questions, failure to do so will delay your registration with the practice.

Yours faithfully

Park View Surgery

AVOID THE QUEUES

YOU CAN NOW BOOK & CANCEL YOUR APPOINTMENTS AND ORDER YOUR REPEAT MEDICATION ON LINE

Manage your appointments and your repeat medication quickly and easily wherever you are 24 hours a day, 365 days a year.

For details on how to register go to the practice website:

<http://www.parkviewsurgery.co.uk>

AND CLICK ON "Interactive Services"

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