

**Dr M J Mitchell & Partners**

Dear patient

Name: ..... DOB: .....

Thank you for your request to join the Hughenden Valley/Chequers (Prestwood) Surgery.

Please note GP practices are required to ensure all patients they register are fully entitled to GP treatment under the NHS. Consequently, all new patients are asked to provide proof of identification (children registering with their family do not have to do this).

Please supply identification when returning your registration forms:

The following are documents that could be used to provide identification:

- |                           |                                  |                     |
|---------------------------|----------------------------------|---------------------|
| <b>Birth certificate</b>  | <b>Marriage certificate</b>      | <b>Medical card</b> |
| <b>Passport</b>           | <b>Local authority rent card</b> | <b>Wage slip</b>    |
| <b>Driving license</b>    | <b>Paid utility bills</b>        | <b>Bank card</b>    |
| <b>National Insurance</b> | <b>Evidence of benefit</b>       | <b>/statements</b>  |
| <b>Number card</b>        | <b>entitlement</b>               |                     |

Proof of address is also required before we can register you. One document is sufficient if it contains both name and address.

Thank you.

Yours faithfully

Jeremy Pinner, Practice Manager

.....

***Admin use only***

*Identification seen: YES / NO      Type of identification: ... ..*

*Notes: ... ..*

**\* PLEASE BRING UP-TO-DATE IMMUNISATION  
DETAILS FOR ALL CHILDREN UNDER 6**