

SANDWICH MEDICAL PRACTICE

Cattle Market
Sandwich CT13 9ET

Telephone: 01304 619790

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NEW PATIENT ID CHECK

Please complete and sign this form and bring it to the surgery along with the correct documentation, the purple registration form and patient questionnaire in order for you to be registered as a patient at this practice.

Name:	
Date of Birth:	

Surgery Staff Only

PHOTOGRAPHIC ID Proof of ID provided - Please tick	Passport Photographic driving license Other – please state
Proof of address – must be less than 3 months old - Please tick	Utility bill Bank statement Credit card statement Other – please state
Confirmation documentation seen	SIGNATURE OF STAFF MEMBER

Patient signature _____

Date _____