

# ST JOHN'S WAY MEDICAL CENTRE 96 St John's Way, London N19 3RN

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Date: .....

**STANDARD INFORMATION FOR  
PATIENTS WISHING TO REGISTER  
AT THIS MEDICAL CENTRE**

Dear Sir/Madam

We welcome your enquiry about registering as a patient at this practice. I am happy to tell you that the address you have given is in our practice area and all you need to do is bring 2 documents with **PROOF OF ADDRESS VERIFICATION**.

Examples of documents that are acceptable as proof are listed below and they must show information that is up to date:

- Gas bill
- Electricity bill
- Council Tax bill
- BT Telephone bill
- Official Rent Book
- Housing or other Benefit document
- Pension Book
- Bank Statement

I also enclose a patient registration form and it would be very helpful if you would complete this and bring it with your proof of address documents.

Once you are registered as a patient, we ask you to come for an initial consultation with one of our Health Care Assistants who will do some routine tests (height, weight, blood pressure, urine test) and take your medical history. This information will be entered on your computerised medical record and will assist the clinicians to give you the very best service in the future.

Please note that if you were previously seen for an emergency appointment before bringing your proof of address documents, you will have been registered as a temporary patient and this registration will run out in 15 days.

We look forward to receiving your documents and registering you as a patient.

Yours sincerely

Penny Borrow  
Executive Director