

A step by step guide to register for Online Services

1. Click on the link to register for Online Services. Enter your personal information on the form. *Note – This is for over 16's. Each patient must have an individual email address.*



REGISTER FOR ONLINE SERVICES

Name *

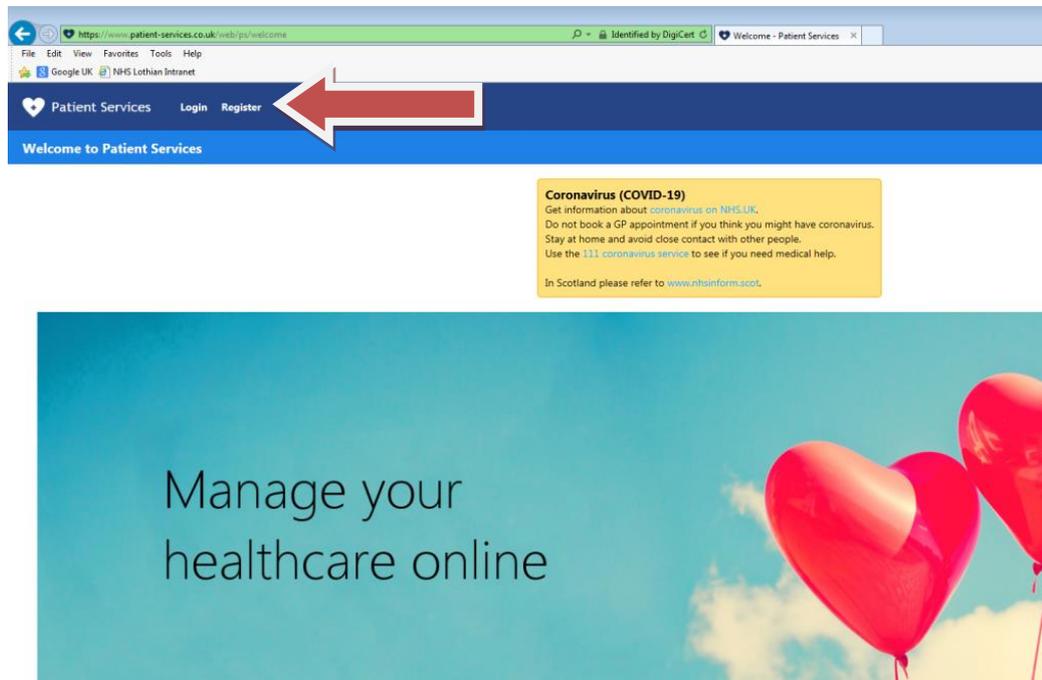
Date of Birth *

Phone Number *

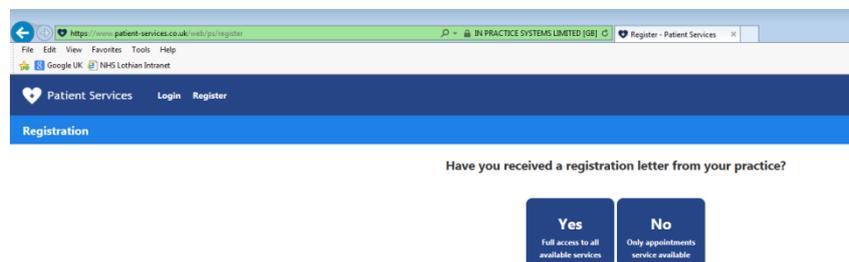
2. You should receive an email from *noreply@myvisiononline.co.uk* with your registration letter as an attachment. **This may go to your junk/spam folder. It can take up to 48 hours for you to receive an email.**



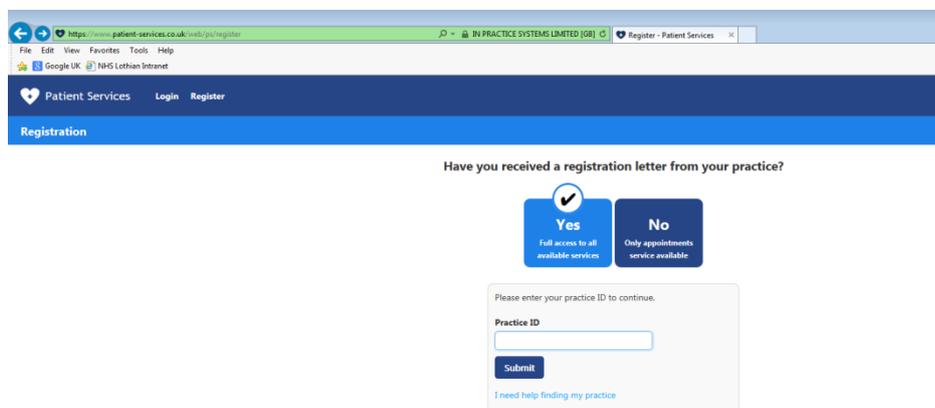
3. Follow the link to www.patient-services.co.uk and click register.



4. You will be asked if you have received a registration letter. Click yes.



5. You will then be asked to enter your practice ID. Mackenzie Medical Centre practice ID is **70381**. This information is also contained in your registration letter. Enter the practice ID and click submit.



- Here is where you must create your account. Enter the account ID and Linkage key found on your registration letter. Create a username and password then enter the personal details requested (Name, DOB, email address). Tick the box to confirm you have read and agree to the Terms & Conditions and Privacy Policy. Click Register.

Create your account

Registration Details

You must collect a letter from your surgery before you can register for this service.

Practice ID
70381

Please enter the following details as provided on your registration letter.

Account ID

Linkage Key

Account Details

Your username must be at least 3 characters in length, start with a letter and contain any combination of letters, numbers, dots and hyphens.

Username

To help secure your account, please ensure your password meets the following rules:

- Minimum 8 characters in length
- Matches 3 of 4 from the following:
 - > Contains an uppercase letter (A-Z)
 - > Contains a lowercase letter (a-z)
 - > Contains a number (0-9)
 - > Contains a symbol (such as !, ?, @ etc.)
- Password and confirmation match
- Not contain the word 'password'

Password

Confirm Password

Personal Details

The information below will be used to connect you to your account at your practice.

First Name

Last Name

Email

Confirm Email

Date of Birth
Day: Month: Year:

I agree to the [Terms & Conditions](#) and [Privacy Policy](#)

Register

Help
Contact Website Support

- An email verification message will be displayed. You have been sent an email and must click on the link contained in this email to verify your account.
- Log in at www.patient-services.co.uk/login to view and request your repeat prescriptions.