**Drs Caplan, Mehta& Raindi**

Fernlea Surgery

114 High Road

South Tottenham

London N15 6JR

Phone: 020 8809 6445

Email harccg.fernlea@nhs.net

Welcome to Fernlea Surgery and thank you for your application to register at our practice.

As you fall outside the boundary of our catchment area we can still register you here at our practice however we will not be able to carry out the following:

1. Home visits;
2. Immediate necessary treatment following accident or emergency when you are at home;

If you fall outside our catchment area but still require home visits then we will not be able to register you here.

For a list of GP practices in the area or close to you please carry out a search online using the NHS Choices website at [www.nhs.uk](http://www.nhs.uk/).

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**Patient Details**

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| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Home Number:** |  |

*I hereby agree to be registered at the practice and I understand I will not be entitled to a home visit by the GP.*

|  |  |
| --- | --- |
| Date ……………………………….. | Signature……………………………………….. |