

Dear Patient

As most people carry mobile phones, we would like to have an up-to-date mobile phone number on your records.

Name-

DOB-

Mobile Number:

Please add any childrens name under 16 . So that we can contact you regarding them should it become necessary.

Names

DOB

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We would also like to send reminders of appointments and medical recalls by text message. This service will not cost a penny to you. Please indicate your consent or otherwise to the service.

I would like to receive SMS texts from the surgery

(admin 9NdP)

I would not like to receive SMS texts from the surgery

(admin 9NdQ)

(from Web)