

IMPORTANT INFORMATION – ACTION REQUIRED –
OVER 16'S ONLY

AS FROM THE 23RD OF MAY 2018 WE HAVE TO RECORD WHETHER PATIENTS
CONSENT OR DISSENT TO RECEIVING REMINDERS/SURGERY INFORMATION
VIA TEXT OR EMAIL.

PLEASE COMPLETE THE ATTACHED FORM AND HAND IT IN TO THE
RECEPTIONIST

MANY THANKS FOR YOUR HELP 😊

**WOULD YOU LIKE TO RECEIVE APPOINTMENT REMINDERS AND SURGERY INFORMATION
VIA SMS TEXT MESSAGING SERVICE? (OVER 16's ONLY)**
YOUR CONSENT IS REQUIRED

YES I CONSENT

I DO NOT WISH TO CONSENT

Print Name:..... Date of Birth:.....

Signature:..... Date of Consent:.....

Mobile Phone Number:.....

DO YOU ALSO CONSENT FOR EMAIL COMMUNICATIONS? YES

NO

My email address is.....