



Consent to receive texts and emails from the surgery

Full Name	Date of Birth
Mobile Number	
Signed	Date
Confirm Consent for SMS messaging <input type="checkbox"/>	
Decline Consent for SMS messaging <input type="checkbox"/>	

- I hereby give my consent for the practice to send Text Message reminders to my mobile telephone. These messages may be reminders of appointments or a request to book a specific review appointment.
- If I change my contact details I am aware that I should inform the surgery immediately. Failure to do so could result in my sensitive information being forwarded to the incorrect recipient.
- All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these text messages please notify the practice.

PLEASE NOTE WE CANNOT ACCEPT INCOMING TEXT MESSAGES - IF YOU WISH TO CANCEL AN APPOINTMENT PLEASE TELEPHONE THE SURGERY.