

**Consent for electronic messaging below – Please return to reception**

Full Name\_\_\_\_\_ D.O.B\_\_\_\_\_

Mobile Number\_\_\_\_\_

Email\_\_\_\_\_

I consent to letting the surgery contact me electronically about reminders, letters, check-ups and details relating to test results.

Please indicate below if you're happy to allow us to use these electronic methods

Email

Text Message

Signed\_\_\_\_\_