

CONSENT FORM FOR SMS TEXT & E-MAIL SERVICE

PATIENT NAME	DATE OF BIRTH	NHS NUMBER

I GIVE MY PERMISSION, TO THE STAFF AT THORNTON MEDICAL CENTRE, TO CONTACT ME IN THE WAYS STATED BELOW, FOR ANY CHRONIC DISEASE REVIEWS, CERVICAL SMEAR TEST REMINDERS AND TO INFORM OF TEST RESULTS BEING AVAILABLE.

THIS PERMISSION WILL BE CONSIDERED ONGOING UNTIL I STATE IN WRITING OTHERWISE.

- SMS TEXT & E-MAIL
- SMS TEXT ONLY
- E-MAIL ONLY

 MOBILE: _____

 E-MAIL: _____

SIGNED: _____

DATE: _____