**The Muirside Practice**

**Consent Form**

Name:

DOB:

At Muirside Practice we contact patients by various methods. And would like to offer you the ability to receive text message reminders for health promotion and for appointment reminders such as letting you know that your results are back, or that we need to get in touch with you. We might also occasionally send information about special clinics we are running that you might be interested in.

**Declaration**

I consent to the practice contacting me by text message, letter and/or email for the purposes of health promotion, practice news and for appointment reminders.

**YES**

**NO**