



Main Street Medical Centre

www.mainstreetdoctors.co.uk

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PATIENT TEXT MESSAGE COMMUNICATION PREFERENCES

Surname		Date of Birth	
First Name			
Address			
		Postcode:	
Email address			
Telephone number		Mobile number	

My text communication preferences are:

I give consent for SMS text messaging communication (YES)	
I do not give consent for SMS text messaging communication (NO)	

By choosing to opt-in to a text messaging service from our practice, it is the responsibility of the patient for the security of information that is received and to update the practice when contact telephone numbers change.

All patients reserve the right to opt-out of our text messaging service at a future date and should inform the practice if they wish not to receive communication from us.

Signature:

Date: