

**Text Messaging and/or Email**  
**Service Consent form**



Receive reminders for your booked appointments  
As well as invitations for screening

Patient name .....

Address .....

.....

Telephone Number.....

DOB .....

NHS Number .....

I am the patient named above/carer of the patient named above.  
I give Middleway Surgery permission to contact me via SMS/email.  
My details are below and I agree to update the Practice if my details change.

Mobile Number.....

Email address.....

Patient Signature.....

Date.....