**Consent for Silton Surgery to contact patient using text and/or emails**

**Patient Details:**

|  |  |
| --- | --- |
| Patient Name:  |  |
| Date of Birth:  |  |
|   |  |

**Full Address:**

**I give consent for Silton Surgery to contact me:**

|  |  |
| --- | --- |
| Via SMS textsMobile Number: |       Tick as appropriate |
| Via EmailEmail address:- |       Tick as appropriate |
| Home Telephone Number |  |
|  |  |

**Next of Kin:**

|  |
| --- |
| Full Name: Relationship to Patient:Contact telephone Number:   |

**Patient Signature** …………………………………………………………….

**Date**  ……………………….

**Please note: -** It is your responsibility to inform us if you change your mind and wish to remove your consent.