

# MARISCO MEDICAL PRACTICE

## Patient Text Message Consent Form

Name	
Date Of Birth	(16 AND OVER ONLY)
Address	

### Text Message Consent

I hereby give my consent for Marisco Medical Practice to send Text Message reminders to my mobile telephone. These messages may be reminders of appointments or a request to book a specific review appointment.

If I change my contact details I am aware that I should inform the surgery immediately. Failure to do so could result in my sensitive information being forwarded to the incorrect recipient.

Mobile Number	
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Signed:

.....

Date: .....

All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these text messages please notify the practice.

**PLEASE NOTE WE CANNOT ACCEPT INCOMING TEXT MESSAGES  
IF YOU WISH TO CANCEL AN APPPOINTMENT PLEASE TELEPHONE THE SURGERY**