

TEXT CONSENT

From time to time, the clinic may wish to contact you – for example to remind you about an upcoming appointment or to inform you that your test results are back.

If you are happy to be contacted by the Calderwood Family Clinic via text, please complete the form below.

Name: _____

Address: _____

Date of Birth: ___ / ___ / ___

Mobile Number: _____

I hereby consent to the Calderwood Family Clinic contacting me via text message:

Yes / No

Signature: _____

Date: ___ / ___ / ___