Sign Up for Texting

To allow fast and confidential communication with our patients, we would like to use texts and emails to contact you.

This frees up our phone lines and reduces the waiting times.

If you wish to be part of this, please complete the consent form below**:**

I consent to being contacted by Willow Wood Medical Practice via text and email.

 The phone number and email I provide on this form is up to date.

I understand that it is my responsibility to ensure that the practice has an up to date mobile number and email address to allow Willow Wood Medical Practice to communicate with me safely.

I will inform the practice of any changes to my contact details.

Name:

Date of birth:

Address:

Post code:

Mobile Telephone number.

Email address.

I have read the aboveYES/NO

I consent to the aboveYES/NO

I do not consent to the above. YES/NO