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SMS Text Message Consent Form

At the practice we are always trying to improve the way we communicate with our patients.

One such method is by text message and this will help us convey important information to you in a timely manner.

Please read the consent statement below and sign if you are happy to be part of this service.

I consent to the Victoria Practice (2nd Floor, Leith CTC, 12 Junction Place, Edinburgh EH6 5JA) contacting me by text message for the purposes of appointment reminders, results, actions needed, referral, health promotion, non NHS work and practice updates.

I acknowledge this is an additional service and the responsibility for attending appointments and cancelling them as well as contacting the practice to obtain results of recent tests and investigations rest with me.

The text message facility can be cancelled at any time and I will ensure my mobile number stored at the practice is up to date and correct.

I understand that text messages are transmitted over a public network onto a personal telephone and as such are insecure.

No person identifiable information will be conveyed in these messages.

Patient Name	
Date of Birth	
Signature	
Today's Date	

PRACTICE USE ONLY: SMS TEXT CODE ADDED FORWARD FOR SCANNING	STAFF INITIALS _____
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