



Abbey Medical Practice  
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Dr Peel | Dr Saha | Dr Shukla | Dr Dasari

## TEXT MESSAGING CONSENT FORM

NAME OF PATIENT:	DATE OF BIRTH:  <i>(Note that you must be aged 17 or over)</i>
NHS NUMBER:	MOBILE TEL:  <b>PLEASE WRITE CLEARLY</b>
	EMAIL ADDRESS

I would like to receive text messages to the above mobile telephone from Abbey Medical Practice and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent, I accept that I must give at least 5 working days notice in writing, quoting the above mobile number. **I WILL ADVISE THE PRACTICE IF I CHANGE MY MOBILE NUMBER AND UNDERSTAND THAT A NEW CONSENT FORM IS REQUIRED.**

Text message appointment reminders will only be sent to the patient attending an appointment, not to the person making the appointment if different.

I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

Abbey Medical Practice NHS net email address will appear at the bottom of each text.

**I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise Abbey Medical Practice to stop sending texts to the telephone number listed.**

Full Name: .....

Signature: ..... Date: .....

**ONE FORM PER PATIENT WHO MUST BE AGED 17 OR OVER**

STAFF ONLY - Scan to notes & Tick consent to Patient Record