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PATIENT TEXT MESSAGING CONSENT FORM

Skerryvore Practice has now implemented a text messaging service. If you are happy for the Practice to contact you in this way we would be grateful if you could sign and return this form to the practice at your earliest convenience.

Declaration	(Please Tick)
I consent to the practice contacting me via text message:	
I DO NOT consent to the practice contacting me via text message:	
I acknowledge that appointment reminders by text are an additional s not take place on all / or on any occasion, and that the responsibility o or cancelling them still rests with me. I can cancel the text message fac	f attending appointments
Text messages are generated using a secure facility however I underst transmitted over a public network onto a personal telephone and as su however the practice will not transmit any information which would en to be identified.	ich may not be secure,
I agree to advise the practice if my mobile number changes or if this is possession.	no longer in my
Print Name: Date of Birth	
Signature Mobile No	
Date	

The Practice does not share mobile phone contact details with any external organisation.