

# Orchard Medical Practice

1 Crow Hill Drive • Mansfield • Nottinghamshire • NG19 7AE

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## Patient Care Text Messaging

### Registration Form

#### Declaration

I consent to the practice contacting me by text message for the purpose of appointment reminders and health promotion.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

Orchard Medical Practice **does not** offer a reply facility to enable patients to respond to texts directly.

Text messages are generated using a secure facility, however I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however the Practice will not transmit any information which would enable an individual patient to be identified.

Patient's Name: ..... Date of Birth: .....

Address: .....

Mobile Number: .....

*Please note: The Practice does not share mobile phone contact details with any external organisation.*