

# Patient Consent Form

Title:	Forename:	Surname:
D.O.B:		
Address:		
		Postcode:
Email address:		
Tel no. (home):		Tel no. (mobile):

Providing a mobile number will enable appointment reminders/recalls by our automated text message service

## Please tick your preferred method of contact:

Mobile       Email       Home phone       Letter

Do you give consent for ABC Dental Practice to	Yes/No
Leave appointment reminders on your <b>home</b> contact number?	
Send you text and/or email reminders when you have appointments due?	
Send you our monthly newsletter by <b>email</b> ?	
Send you information about our services/offers by <b>email</b> ?	

## Please give details of any persons who are authorised by you to request information regarding your dental treatment, fees and appointments:

Mr/Mrs/Miss/Ms	Forename	Surname	Relationship

Patient/Carer Signature:	Date:
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If you change your mind about how or why we contact you or if your details change, please let a member of our reception team know as soon as possible. Thank you.