

## Vision SMS Text Messaging Service – Consent Form

To register for this Vision SMS Text Messaging Service, please complete the consent form below and return it to your practice in person.

Patient details	Please complete in BLOCK CAPITALS												
Patient forename													
Patient surname													
Patient address													
Date of birth		/		/									
Landline number													
Mobile number													
<p>This mobile number will be used by your practice to send you appointment reminders and also will be used for health care invitations, such as flu clinic reminders.</p> <p><b>PLEASE SIGN BELOW TO GIVE YOUR CONSENT FOR THE ABOVE INFORMATION TO BE USED BY THE PRACTICE</b></p>													
Signature													
Date		/		/									
<b>Completing the form on behalf of the patient?</b>													
Print forename													
Print surname													
Relationship to patient													
Signature													
Date		/		/									

## About SMS text messaging

An alternative method of communicating with patients is being introduced. This will be a secure text messaging service enabling the practice, with patient consent, to send health care invitations and appointment reminders to patients by SMS text messages.

**PLEASE NOTE IT IS THE PATIENTS RESPONSIBILITY TO PROVIDE THE PRACTICE WITH UP TO DATE CONTACT DETAILS INCLUDING ADDRESS AND TELEPHONE NUMBERS.**