THE UPSTAIRS SURGERY

Contact Details Update Form

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| --- | --- |
| First Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Address: |  |
| Home Number: |  |
| Mobile Number: |  |
| Email: |  |

Please complete and return by email to theupstairssurgery@nhs.net

**MOBILE TEXT MESSAGING SERVICE**

We have a 2-way text messaging service that:

* Send appointment reminders to patients
* Allows patients to text back should they need to cancel their appointments
* Allow surgery to send any actions required on patients test results
* Allow surgery to send out health campaigns

**By providing us with your mobile number you are automatically opted into the service.**

Please tick here if you wish to opt out 🞏