

I give my consent that you may use my email address to contact me to invite me for routine screening appointments. I confirm that the email address given below is correct and that if I change my email address I will complete a new email consent form to inform the surgery as soon as possible.

Name: ..... DOB: .....

Address: .....  
.....

Email address: .....  
**(please ensure entered correctly including dots and capital letters where appropriate)**

Mobile number: .....

Signed ..... Dated .....

**THIS FORM MUST BE SIGNED BY THE PATIENT THAT IT RELATES TO, IE THE PERSON THE LETTERS WILL BE ABOUT.**

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