

Patient registration form

Text message appointment reminders

If you would like us to remind you about appointments and send you other communications by SMS text message please complete the form below and give it into reception.

Patient details	Please complete in BLOCK CAPITALS																						
Patient forename																							
Patient surname																							
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y													
Mobile number																							
Signature																							
Date	D	D	/	M	M	/	Y	Y	Y	Y													
Completing the form on behalf of the patient?																							
Print forename																							
Print surname																							
Relationship to patient																							
Signature																							
Date	D	D	/	M	M	/	Y	Y	Y	Y													

Staff use only	
Staff name	
Date	D D / M M / Y Y Y Y

If you are interested in finding out more about the Vision clinical system we use at our GP practice please visit www.inps.co.uk.