



## **Farlington Dental Practice**

### **Consent form**

<b>Patient name:</b>	
<b>Date of birth:</b>	

I would be grateful if you could kindly complete this form to give myself and my dental team authorisation/contact consent.

<b>Do you give consent/authorisation for the team at Farlington Practice to:</b>	<b>YES</b>	<b>NO</b>
1. To leave appointment reminders on your home contact number?		
2. If we have a mobile number for you, appointment reminder text messages will be sent before scheduled appointments		
3. To contact you regarding dental appointments/recalls by email/letter?		
4. To send you news, events and special offers by email?		
5. To request feedback from you on the services we provide by email?		

We will never pass on your details to any 3<sup>rd</sup> parties and only contact you in the interests of your health.

You can change your mind about how or why we contact you at any time, just let reception know and they will update your preferences.

<b>Signed:</b>	
<b>Date:</b>	

