

## Text/e-mail Consent

Date:

Braidcraft Medical Centre  
200 Braidcraft Road  
Pollok  
GLASGOW  
G53 5QD

Dear Practice

PATIENTS NAME:

DATE OF BIRTH:

Mobile Number:

e-mail:

I, the above named patient, hereby consent to receive from Braidcraft Medical Centre: (Tick the box to opt-in)

a) Texts in relation to:

- appointment reminders,
- health campaigns such as flu or other clinics,
- texts regarding closures due to public holidays or training.

b) Communication by email.

Yours sincerely

(Patients Signature)