

## 219 ERITH ROAD, BARNEHURST, BEXLEYHEATH, KENT DA7 6HZ

TEL: 0208 301 1766 FAX: 0208 298 7735

## Dear Patient

We have been asked by your Patient Participation Group to look at using e-mail as a means of contact between the surgery and registered patients.

If you would like the surgery to contact you via e-mail would you please complete the details below and return it to the surgery. This information will be recorded on your medical records and never given to any third parties without your consent.

Name:	D.O.B	
Address:		
E-mail address:	. Is this private to you?	YES / NO
Are we able to send personal messages to you regard	ding your medical history?	YES / NO
If no - please provide us with the following contact	ct telephone numbers:	
Home Land-Line number	Mobile number	
Would you also like to receive information and ne the surgery? (Note; your e-mail address will not be only the surgery?		
		YES / NO
Please sign as your consent to use this service:		
If you wish to use this service you will be able to de-mail address:	contact the surgery via the	e following

burstedwood@nhs.net

Please DO NOT use this for <u>URGENT MATTER</u> OR FOR <u>REPEAT PRESCRIPTIONS</u>

Repeat prescription requests should still be requested via our surgery website on-line services at:

www.burstedwoodsurgery.co.uk