

This is YOUR surgery ...

Help us to continue to improve it!

Sign up, be informed and have your say
about your experience as a patient.



**We will send you the Practice Newsletter and
periodically contact you to invite your views on how we
can continue to improve our services to patients.**

Name : _____

Please indicate how you would prefer to be contacted:

Email : _____

Post : _____

_____ **Postcode :** _____

*I give my consent for these contact details
to be used by the Surgery to periodically
send relevant information to me.*

Signed:

Date:

Please hand completed forms to Reception. Thank you.