

# Sunnyside Surgery

## Contact Details for patients aged 16 and over

**Name:** .....

**DOB:** .....

**Address:** .....

.....**Postcode:** .....

**Home Telephone No:** .....

**Mobile Telephone No:** .....

**Email Address:** .....

(please ensure this is written clearly)

I consent to Sunnyside Surgery contacting me via any of the above methods and understand it is my responsibility to notify the Surgery of any changes to my contact details.

**Please note – we are unable to engage in discussion regarding medical issues via email or text.**

Signature: .....

Date: .....