

**Mobile Phone Number Consent Form**

In order to comply with data protection and information governance, I give my consent for Darwin Medical Practice to use my mobile phone number for the purpose of sending me text message appointment reminders and information regarding my healthcare provision.

I understand that it is my responsibility to keep my personal record up to date by informing the Practice if my mobile number changes.

**Name …………………………………………………………………..**

**Address …………………………………………………………………..……………………………………………………..**

**…………………………………………………………………………………………………………………………..**

**Date of birth ……………………………………….. Mobile number ………………………………..**

**Signature ………………………………………….. Date …………………………………………..**