

Text messages are generated using a secure facility however I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however the Practice will not transmit any information which would enable an individual patient to be identified.

I am aware that if I change my mobile phone number, or if it is no longer in my possession, it is my responsibility to inform the practice.

The practice does not share mobile phone contact details with any external organisation.



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Sleaford Medical Group



**Need
reminding
of your
appointment ?**

**We can now send you a text
to remind you of your
upcoming appointment.**

If we have your mobile number, and your consent, we can now send you a free text message to remind you that you have an appointment with us.

With your consent, we can also text you at other times, for example instead of sending a letter to remind patients to come in for their annual influenza vaccination.

Text messages can also be sent to patients to confirm the booking of an appointment, or when patients do not attend an appointment.

This service is only available to patients over the age of 16.

Please fill in the attached form and hand it to a member of the Reception staff if you are interested.

Did you know there are 7 different ways to order your repeat medication from Sleaford Medical Group?

1. Register for "SystemOnline" and order online
2. Send your request slip to us in the post
3. Fax your repeat slip to us on 01529 415401
4. Leave your repeat slip at one of the following post offices - Anwick, Cranwell, Leasingham or Silk Willoughby
5. Leave your repeat slip at Boots, Gohil's or Tesco pharmacy
6. Order by telephone between 10am - 12 noon Monday to Friday on 01529 414766
7. Leave your repeat slip at the Surgery in the prescription box

To register for SystemOnline please bring photo identification into the Surgery and speak to a member of the reception or dispensary team

Appointments can also now be cancelled via SystemOnline.



Patient Care Text Messaging Consent form

Patient Name
<input type="text"/>

Patient Date of Birth
<input type="text"/>

Mobile phone number
<input type="text"/>

I am over the age of 16.

Patient Signature
<input type="text"/>

Date
<input type="text"/>

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending