

AW SURGERIES



Our Patient Panel is encouraging patients to give their views about how the practice is doing. They would like to be able to ask the opinions of as many patients as possible and are asking if you would like to provide your email address so that they can contact you every now and again to ask you a question or two.

Are you interested in leaving your email contact details?

If you are interested please fill in this form and hand it back to reception. We will be happy to pass your details on to the Patient Panel.

Your details will only be used for this purpose and will be kept safely.

Name.....

Email address.....

Date

Signature.....

I agree to my details being used by
AW Surgeries Patient Panel as detailed above.

