

Airdrie Community Health Centre 88 Graham Street Airdrie ML6 6DB

Appointment 01236 762585

Emergency House-Call 01236 763581 Treatment Room (2nd Floor) 01236 772202

Application for SMS Services

| Surname: Date of birth: | | | |
|------------------------------|------------------|--|---|
| First name: | | | |
| Address: | | | |
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| | | | |
| | | | |
| | | Postcode: | |
| Email address: | | | |
| Telephone number: | | Mobile number: | |
| | | | |
| | ***Please us | e your own mobile number*** | |
| | | | |
| wish to have access to t | he following SMS | S services (please tick all that apply): | |
| Appointment Reminders | | | |
| Chronic disease recalls | | | |
| Immunisation information | | | |
| 3. Inimunisation iniornation | | | |
| | | | |
| Signature | | Date | |
| Signature | | Date | 7 |
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| | | | |
| For Official Use Only | | | |
| | | | |
| Patient CHI: | | Practice computer ID number: | |
| Fatient Crit. | | Fractice computer in number. | |
| | | | |
| Identity verified | Date: | Method: | |
| by(initials): | | Vouching □ | |
| by (iritials). | | 37 11 10 10 10 | |
| by(initials). | | Vouching with informat | |
| | | Photo ID and proof | |
| Authorised by: | | | |