

GDPR Consent Form

Name:

Could you please fill out this form so we can comply with the new GDPR legislation.

Do you give consent for Barley Mow Dental Care to:	Yes	No
Leave appointment reminders on your home phone?		
Send your text and/or email reminders of your appointments?		
Send you 4-6 newsletters per annum?		

If you do not usually receive reminder emails or texts from us and have a suitable email account or mobile phone then please talk to one of the reception team.

Please give details of any persons who are authorised by you to request information regarding your dental treatment, fees and appointments:

** This permission is required for spouses/ partners/ carers , etc.

** This permission is also required for parents if the patient is aged over 16 and emails are being sent to a parent and/or the parents wish to know details of their dental treatment

Mr/Mrs/Miss/Ms	Forename	Surname	Relationship

Patient/Carer Signature:

Date:

If any of your contact details—home phone / mobile phone / email, etc have altered in the last 12 months please note them below.