

Airdrie Community Health Centre 88 Graham Street Airdrie ML6 6DB

Appointment 01236 762585

Application for SMS Services

Surname:		Date of birth:		
First name:				
Address:				
		Postcode:		
Franklandska en		1 0310006.		
Email address:		Mahila wusalaaw		
Telephone number:		Mobile number:		
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	Flease use	your own mobile numb	CI	
wish to have access to t	he following SMS	services (please tick all	that apply).	
I wish to have access to the following SMS services (please tick all that apply): 1. Appointment Reminders			тис арргу).	
Chronic disease recalls				
3. Immunisation in	formation			
Signature		Date		
Signature				
Signature			Date	
			Date	
			Date	
For Official Use Only				
		Practice computer		
For Official Use Only		Practice computer		
For Official Use Only Patient CHI:	Date:			
Patient CHI:	Date:	Practice computer Method:	ID number:	ouching \square
For Official Use Only Patient CHI:	Date:	Method:	ID number:	ouching □
Patient CHI:	Date:	Method: Vouching	ID number: Vo	record 🗆
Patient CHI: Identity verified by(initials):	Date:	Method: Vouching	ID number: Voluments with information in ID and proof of reserved.	record 🗆
Patient CHI:	Date:	Method: Vouching	ID number: Vo	record 🗆