**Clifton Hampden Surgery**

**Patient Participation Group**

If you would like to join the group please put your contact details on the slip provided below into the Repeat Prescription/ Suggestion Box or email the details to the Chairman Chris Dupond at c.dupond@tiscali.co.uk

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I would like to join the Patient Participation Group and consent to

my contact details being used as appropriate within the group/ surgery. I understand that my details will not be shared with anyone else.

Signed:

Name: 



Address:

Phone number:

Email address:

Please type/write clearly using capitals for clarity where appropriate