

**PLEASE JOIN OUR PATIENT PARTICIPATION
GROUP!**

**Are you a registered patient at this
practice?**

DO YOU WANT TO SHARE YOUR IDEAS?

**DO YOU WANT TO KNOW FIRST HAND
INFORMATION ABOUT THE PRACTICE?**

If your answer is 'YES'

**PLEASE LEAVE YOUR CONTACT
TELEPHONE AND EMAIL ADDRESSES
AT THE RECEPTION
AND WE WILL CONTACT YOU.**

TO

JOIN OUR '**PATIENT GROUP**' WHERE WE HOLD 2
MEETINGS ANNUALLY AT THE PRACTICE.

YOU MAY MEET OTHER MEMBERS OF THE PRACTICE

THANK YOU!