

**Queenhill Medical Practice**

**Patient Participation Group**

NAME:………………………………………………

EMAIL: …………………………….………………

I wish to receive information and newsletters from the QMP PPG.

I do not wish to receive information and newsletters from the QMP PPG.

SIGNATURE:…………………………………….

DATE: ………………………………………………

Please email your preference to the PPG Secretary: queenhillmedicalpracticeppgsec@gmail.com

If you no longer wish to receive PPG information and remove your contact details please contact the PPG.