



Probus Surgical Centre

Tregony Road, Probus, Truro, TR2 4JZ

Tel: 01726 885104

Fax: 01726 885109

Email: psc.enquiries@nhs.net

www.probussurgicalcentre.co.uk

Signing Up For Our Patient Participation Group

If you are happy for us to contact you periodically by email, post or telephone please leave your details below and hand this form in at reception.

Name:

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Address:

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Postcode:

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Telephone:

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Email Address

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Please note that we will not respond to any medical information or questions received through the survey.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.