



Regent Gardens
MEDICAL CENTRE



Personal Details

First Name: _____

Surname: _____

Date Of Birth: _____

Email Address: _____

Mobile No: _____

Home No: _____

I consent to receiving test results via email

Please Tick

I consent to receiving health and practice information via email

For further information please speak to our IT Manager **Laura Buist**,
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Tel: 0141 776 1238 www.regentgardens.co.uk

