

Patient Participation Group

EXPRESSION OF INTEREST

Name	
Address	
Tel. (home)	
Tel. (mobile)	
Email Address	

I would like to express an interest in joining the Practice's Participation Group and consent to being contacted about this in future.

I understand that meetings will take place at Porter Brook approximately every 6 weeks.

Partners:

**Dr N. A. Bates • Dr A. P. Mackie • Dr S. C. Russell • Dr J. D. Keel • Dr J. H. Endacott • Dr G. K. Barn
Dr M. J. Lambert • Dr K. A. Goddard • Mrs S. Uprichard (Business Partner)**