

I am registered as a patient at Bennetts End Surgery and am happy to be a member of its Patient Reference Group.	
Name:	
Address:	
Signature:	
Date:	
My preference would be to receive future surveys:	
By post	<input type="checkbox"/>
By e-mail	<input type="checkbox"/> Please give your e-mail address:
Over the telephone	<input type="checkbox"/> Please give your telephone number: