**Diabetic Review – opt out Form**

**I do NOT wish to attend for Diabetic review**

**Signed: …………………………………………………………………………………**

**Patient Name: …………………………………………………………………………**

**Patient D.O.B: …………………………………………………………………………**

Please sign and return to: The Park Surgery, 116 Kings’s Road, Herne Bay CT6 5RE

Signing this form will opt you out of your Diabetic Review for a period of one year. The surgery is then required to contact you to encourage you to have a diabetic review. If at this point you wish to opt-out again a new form must be completed.