

 The Cedars Surgery

**Cedars Patient Participation Group - Sign up sheet**

Name: ………………………………………………………………………………………….

Address: ………………………………………………………………………………………..

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Telephone Number: ……………………………………………………………………….

Email address (Please PRINT) …………………………………………………………………………………

Please either hand it at reception or email to:

eck-pct.thecedarssurgery@nhs.net

If you are unable to attend our meetings perhaps you might like to consider becoming a virtual member. For more information contact the Practice Manager.