**Request to join the Patient Participation Group (PPG)**

**‘Friends Of Highgate Surgery’**

Full Name: ………………………………………………………………………

Full address: …………………………………………………………………………………………………………………

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Home telephone number: ……………………………………………………………………….

Mobile telephone number: ……………………………………………………………………….

Email address: ………………………………………………………………………………………..

Preferred days and times of meeting you could attend ………………………………………………………..

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Preferred format of meeting: Face to face Microsoft Teams