



Dr R Kapur and Partners
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**To Join
Narborough Road Surgery
Patients Participation Group**

As a registered patient at this Surgery, you are eligible to join our Narborough Road Surgery Patients Participation group.

If you would like to join please complete the following.

Your full name -----

Your full address -----

Telephone Number -----

Email address -----

Age -----

Sex (Male/Female) -----

Ethnicity -----

After completing this form please give it at the Reception and you will be updated by telephone to let you know when the next meeting.

Thank you for taking in an interest.