

## Welling Medical Practice Patient Participation Group

| Name:   |      |                           |  |  |
|---|------|---------------------------|--|--|
| Address:  |      |                           |  |  |
|   |      |                           |  |  |
| Contact No:   | Home | Mobile                    |  |  |
| E-mail address:   |      |                           |  |  |
| Practice you are registered with?                             |      | Danson Crescent , Welling |  |  |
|   |      | Avery Hill Road, SE9      |  |  |
| What areas of healthcare are you interested in ?              |      |                           |  |  |
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|   |      |                           |  |  |
| Michelle Payne PPG Administrator 2 Danson Cresce Welling Kent |      |                           |  |  |

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