



14 Kingsley Road, Hounslow, Middlesex, TW3 1NP

Telephone: 020 8577 3038 Email: info@dentalsuitehounslow.co.uk

REGISTRATION FORM

THIS IS A LEGAL DOCUMENT, PLEASE FILL EVERY SECTION IN CAPITAL LETTERS

First Name(s):	
Surname:	
Title:	
Sex:	
Date Of Birth:	DD/MM/YYYY:
NI Number:	
Mobile Number:	
Email Address:	

Your GP details and NHS number is ESSENTIAL for NHS dental treatment:

GP Practice:	
Address:	
Postcode:	
Telephone Number:	
NHS Number:	____ _ This should be a 10 digit NUMBER
How did you hear about us?(Tick)	____ Another patient/friend(Name): ____ NHS Choices ____ Facebook ____ Passing by ____ Instagram ____ Google ____ Our Website ____ Other: _____

Please email all documents below to: info@dentalsuitehounslow.co.uk alongside this form

- If at present you are taking any prescribed medication YOU MUST PROVIDE A LIST OF ALL MEDICATIONS
- Please provide any official photographic Government document showing your name and date of birth.
- Should you be exempt from NHS payment, you will also need to provide all the documentation required as listed in the exemptions document.

Once we have registered this information (please allow 24 hours) an email will be sent to you, please complete all questionnaires for full enrolment.

We are closed for lunch between 1.00 pm – 2.00 p.m.

PLEASE TURN OVER



Dental Suite Terms and Conditions

To remain a patient of the Dental Suite Hounslow, and for us to be able to provide the best possible care we expect you as a patient to follow and understand our guidelines.

Please tick to acknowledge you have understood and accept	Tick
Administration	
If I fail to attend my first appointment, I understand The Dental Suite will not be able to provide any further NHS appointments.	
I understand that if I fail to attend two appointments, I may not be seen at The Dental Suite Hounslow.	
I understand that I must give at least 48 hours' notice of cancellation for appointments.	
If I am late for an appointment, the Dental Suite may not be able to see me for that appointment. The appointment may have to be rescheduled. If I am late again, we may no longer be able to provide you with NHS appointments.	
I understand that I must complete all forms prior to coming in for appointments.	
I must inform The Dental Suite if changing any contact details eg Telephone number, address.	
If I am entitled to free NHS Dental Treatment, I must bring my proof of exemption to every routine check-up appointment and sign an NHS Patient Form.	
Dental and Medical	
If at present, I am taking any prescribed medication, I must provide a full list of medications at every routine check-up appointment.	
I understand that I must be brushing my teeth a minimum of twice a day for a minimum of two minutes.	
I understand that I must be cleaning interdentally (in between my teeth) a minimum of once per day.	
I understand the benefit of regular hygienist visits to maintain the health of my teeth and gums.	
I understand that I must regularly attend for my routine check-ups as recommended by the dentist .	
I understand I must consciously reduce sugar consumption in my diet.	
I understand that smoking can cause oral and lung cancer .	
Payments	
For NHS band 2 treatment, the full amount will be taken prior to treatment.	
For NHS band 3 treatment a deposit will be taken, and all payments completed prior to the treatment ending.	
For all private and cosmetic treatment, a deposit of half will be taken, and all payments completed prior to the treatment ending.	
I understand deposits are retained should I fail to attend the appointment.	
Other	
I authorise The Dental Suite and consent to having photographs taken.	
I authorise that the photographs maybe published for any purpose and in any form.	

Signature _____ Date _____