



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:	
Surname:	
Title:	MR   MRS   MS   MISS   MASTER   DR   OTHER:
Sex:	MALE                  FEMALE
Date Of Birth:	
NI Number:	
Residential Address:	
Postcode:	
Phone Number (Home)	
Phone Number (Mobile)	
Email Address:	
GP Practice Name:	
GP Practice Address:	
Postcode:	
Phone Number (Work):	
NHS Number:	This can be provided by your GP and is <b>ESSENTIAL</b> for NHS dental treatment:
How did you hear about us? (Tick)	<input type="checkbox"/> Another patient/friend (Name): <input type="checkbox"/> NHS Choices <input type="checkbox"/> Facebook <input type="checkbox"/> Passing by <input type="checkbox"/> Instagram <input type="checkbox"/> Google <input type="checkbox"/> Our Website <input type="checkbox"/> Other: _____

**If you are entitled to free NHS Dental Treatment, you must BRING YOUR PROOF OF EXEMPTION.  
We are closed for lunch between 1.00 pm – 2.00 p.m.**

**PLEASE TURN OVER**



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## 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.

<b>Please initial to acknowledge you have understood and accept</b>	<b>Initial</b>
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### 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 e.g. 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.	
If you return to the same NHS dental practice within 2 calendar months of completing a course of treatment, and you then require further treatment and it is in a higher band, you will need to pay the full cost for that band. This rule does not apply to urgent/emergency treatments.	
There is a penalty for Incorrectly Claiming NHS Dental Care Exemptions You can check your eligibility for free NHS dental care. If you are uncertain about your eligibility, you must pay for treatment costs upfront.	
If you pay a deposit for a specific dental treatment but do not proceed with it (e.g., you cancel or fail to schedule the treatment within one year), the dental practice reserves the right to retain the deposit.	
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 \_\_\_\_\_