

**PRIVATE PATIENT REGISTRATION FORM**

*Thank you for choosing* ***Serenity Dental Spa****.*

*Please complete the following in capital letters:*

|  |  |  |
| --- | --- | --- |
| Title | Surname | Forename(s) |
| Date of Birth | Occupation |
| Address |
| Tel No. Home | Work | Mobile |
| E-mail Address |
| How would you like to receive appointment reminders? *Please tick* |
|  [ ] POST [ ] E-MAIL [ ] TEXT  |
| Emergency contact Name and Tel No. |
| How did you hear about Serenity Dental Spa? |

We are also proud to offer Denplan, which is an excellent method of covering the cost of your private dentistry by paying a fixed monthly amount. This not only helps you to budget for your dental care, but also gives you peace-of-mind in the event of a dental injury and dental emergency. Speak to a staff member to see the Denplan literature or visit [www.denplan.co.uk](http://www.denplan.co.uk).

The enclosed Medical History form needs to be completed and submitted along with this Registration Form.

**Please sign the declaration below**

I wish to register at Serenity Dental Dental Practice as a private patient and consent to a New Patient Consultation.

I confirm that I have read and understood the information in the Welcome Pack and I will inform the practice of any changes to my contact details.

Signed ……………………………………………………….. Date………………………

If signing on behalf of someone else, please state your relationship (e.g. parent) ………………………