

**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* | | | | |
| [ \*] E-MAIL | | | | |
| Emergency contact Name and Tel No | | | | |
| How did you hear about Serenity Dental Spa? | | | | |

We are also proud to offer Serenity Dental Plans, 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 Serenity literature or visit www.serenitydentalspa.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 Spa 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) ………………………