



FORD DENTAL SURGERY

Application to join Ford Dental Surgery

FULL NAME: _____ MR / MRS / MISS / MST/ DR

D.O.B: _____ OCCUPATION: _____

ADDRESS: _____

POSTCODE: _____

TEL NO: HOME _____ MOBILE: _____

EMAIL: _____

Please tick if you wish to be taken on as: NHS Patient Or Private Patient:

(Price lists available at reception and our website: www.forddentalsurgery.co.uk)

Please note – This is **NOT** an acceptance of registration for this practice.

If approved you will have 8 weeks to make an appointment, after this time you will need to re-apply.

Please note dental chairs have a weight limit restriction of 20st (280lbs). If the chair cannot operate or move properly then we regret to inform you that we will be unable to treat you at the practice due to health and safety reasons.

In these circumstances arrangements can be made for you to be referred to a hospital who are better equipped.

We therefore ask if you will be kind enough to provide details of your approximate weight.....st.....lbs

Are you registered with another dental practice? Yes / No

If yes which surgery and reason for leaving: _____

Are you related to anyone currently registered with the practice? If yes please state who and the relationship:

At the practice we offer the following services, would you be interested in any of the following? (Please Circle) For more information please ask reception.

Facial Aesthetics (Dermal Fillers, Botox etc.)

Hygienists

Implants

Teeth Whitening

You **MUST** provide us with the following information when returning this form:

Items Needed:	Items Provided: Official Use ONLY
Proof of residence: i.e. Utility bill, Bank Statement, Council Tax etc. (No older than 3 months)	
Photo I.D: Passport, Driving Licence, Bus Pass, Student I.D etc.	
A list of current medication: (If applicable) Repeat Prescription etc.	
Proof of current exemption: (If applicable) ESA, Tax Credits, Pension Credit etc.	
Official Use ONLY	Date returned to the practice:
Seen By	Date approved by the practice: