

## Church Road Dental Practice Registration Form

Please complete this form clearly, and ensure it is returned as soon as possible.

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS:		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	
<b>PAYMENT DETAILS :</b>				
BANK NAME:			ACCOUNT NAME:	
SORT CODE:			ACCOUNT NUMBER:	

<b>Additional Patients:</b>				
TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	

NOTES AND EXCLUSIONS (FOR OFFICE USE ONLY)				

<p><b>DEMANDS AND NEEDS STATEMENT:</b> The Dental Injury &amp; Emergency Insurance policy meets the demands and needs of those who want to ensure they have insurance cover for treatment costs arising from dental injury or emergency. This policy is a mandatory part of your dental plan, and no recommendation has been made in connection with this insurance policy.</p> <p><b>DECLARATION:</b> I confirm that I have read the explanatory brochure and the Insurance Policy Summary and have understood all treatment that I am covered for. I am also aware of any registration fee and the date of commencement of cover.</p>		
Signature:	Print Name:	Date: