

The Smile Boutique 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/ /	REG FEE: £10 (Adults only)	
POSTCODE :		CATEGORY:	FEE AMOUNT:	
PAYMENT DETAILS :				
BANK NAME:			ACCOUNT NAME:	
SORT CODE:			ACCOUNT NUMBER:	

Additional Patients:				
TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /	REG FEE: £10 (Adults only)	
POSTCODE :		CATEGORY:	FEE AMOUNT:	

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /	REG FEE: £10 (Adults only)	
POSTCODE :		CATEGORY:	FEE AMOUNT:	

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /	REG FEE: £10 (Adults only)	
POSTCODE :		CATEGORY:	FEE AMOUNT:	

NOTES AND EXCLUSIONS (FOR OFFICE USE ONLY)

DATA PROTECTION: The answers on this form contain your personal data. DPAS Limited records, processes and holds your personal data on behalf of the practice in accordance with the Data Protection Act(s). Your personal data will only be used by DPAS Limited and/or its subcontractors in the administration of the dental care plan and for no other purpose.

DEMANDS AND NEEDS STATEMENT: The Supplementary Insurance policy is designed to meet the demands and needs of patients who require insurance cover for treatment costs arising from dental injury or emergency. The policy forms part of your dental plan and is mandatory. No recommendation has been made in connection with this insurance policy.

DECLARATION: I confirm that I have read and now fully understand the explanatory brochure and Supplementary Insurance policy. I am also aware of any registration fee payable.

Signature:	Print Name:	Date: