hayesdental
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New Patient Registration Form

Please Fill in all details below:

1. Title (Mr, Miss, Ms, Dr Prof etc): _____
2. Name (First name and surname): _____
3. Date of birth: _____
4. Gender (Male/female/Other): _____
5. Home address: _____

   _____
6. Postcode: _____
7. Phone Number (Landline and Mobile): _____
8. Email Address:_____
9. NHS Number: _____
10. GP Surgery Name and Address: _____

_____

11. I have read the attendance policy below. Please tick YES I UNDERSTAND □
12. Marketing Contact Preference: Tick all that apply

Phone □	Letter □
Email □	None □

Signature:_____

Date:_____

***Please Bring Proof of Photo ID, Proof of address (e.g. paper bill/ bank statement) and NHS number at the registration appointment

**** **PLEASE NOTE THERE IS A STRICT POLICY IF YOU FAIL TO ATTEND** ANY APPOINTMENTS**/ OR CANCEL AT SHORT NOTICE**. If this happens you **WILL** be blocked from booking any more appointments. *****