



Mr/Mrs/Miss/Ms/Master **This is only a temporary registration, if any treatment is required, we will do this and then you will need to find an alternative practice.**

First Name:

Surname:

Date of Birth:

Full Address:.....

PostCode.....

NHS number (you can get this from GP).....

We need this to send referrals to other clinics if we do not have the NHS number it will delay getting treatment at other clinics

Doctor Surgery Name & Contact Number

.....

Your Email:

Home telephone:

Mobile:

Work:

When did you last visit a Dentist:

How did you hear about us:

Is there anything you are concerned about:

Please indicate if you are any of the following	
Clinically vulnerable	
Looked after child	
Care home resident	
In the Armed forces	
Expectant or nursing mother	
Asylum seeker/Refugee	
Homeless	
Need orthodontic extractions	

Nightingale Dental & Implant Centre

7 York Way
Sandhurst
Berkshire
GU47 9DE

Info@sandhurstdentist.co.uk

www.sandhurstdentist.co.uk