



Fresh Dental

FACE THE FUTURE SMILING

Are you a private patient or covered by income support? Please tick
Private Income Support

Confidential

Surname:

Forenames:

Title: Mr/Mrs/Miss/Ms

Other:

Date of Birth:

Full Home address:

Post code:

*If under 18 we require the following information: Social Security Number:

Telephone Numbers:

School/Nursery:

Home:

Work:

Mobile:

Email Address:

Please state your preferred method of contact:
(Please Check Box)

Mobile

Email

Home phone

Letter

No preference

Dr/GP details; Name:

Surgery:

Where did you hear of our practice?
(Please Check Box)

Friend/relative

Yellow Pages

Magazine

Guernsey Press

Other-

Here at the practice we take your privacy seriously. From time to time we would like to contact you with details of other dental services that we provide or introduce, such as additional clinics or introductory treatment offers. In order to do this, we might need to pass your details to third-party communication companies who will deliver these messages to you and use your details solely for the purpose of delivering this content. We do not pass your details on to other parties for unsolicited marketing purposes.

I consent/do not consent (please circle preference) for my details to be used for the purposes outlined above:

Please only sign once you have consented to the above

Signed:Date: