

densave

Patient Registration Form

Patient's Details		
Surname:	Date Of Birth:	
First Name:	Title:	Sex:
Address:		Postcode:
Home Telephone Number:		
Work Telephone Number:		
Monthly Rate:	Band:	

Additional members of the family to be registered		
Surname:	First Name:	
Title:	Sex:	Monthly Rate:
Date Of Birth:		
Surname:	First Name:	
Title:	Sex:	Monthly Rate:
Date Of Birth:		
Surname:	First Name:	
Title:	Sex:	Monthly Rate:
Date Of Birth:		

Details of treatment paid by installment	
Total Cost Of Treatment:	First Installment:
Payment Period:	Subsequent Installments:
First Installment Date:	Last Installment Date:

To be completed by the dentist	
I Hereby apply for my contract(s) with the above patient(s) to be registered under Densave. Please register the contract(s) under the following registration facility:	
Registration Facility Number:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Name:	
Signature:	Date:
Have you and your patient(s) agreed that entitlement to treatment will start immediately:	YES or NO
Please enter the registration commence date:	Date:

Instruction to your Bank or Building Society to pay Direct Debits

Please fill in all sections to instruct your Bank or Building Society to make payment direct from your account. Detach and send it to Densave Ltd, 424 Lisburn Road, Belfast, BT9 6GN, Northern Ireland.

Originator's identification number:

Name & address or your Bank or Building Society branch:

Name(s) of account holder(s):

Account number:

Branch sort code:

Instruction to your Bank or Building Society & Signature. <small>This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit Lisburn Road Dental will notify you 7 working days in advance of your account being debited or as otherwise agreed. If you request Lisburn Road Dental to collect a payment, confirmation of the amount and date will be given to you at the time of request. If an error is made in the payment of your Direct Debit by Lisburn Road Dental or your bank/building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to you must pay it back when Lisburn Road Dental asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required, please notify us.</small>

Densave reference (for office use only)

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Signature(s):	Date:
<input style="width: 439px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 439px; height: 20px; border: 1px solid black;" type="text"/>
<input style="width: 439px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 439px; height: 20px; border: 1px solid black;" type="text"/>