

# CHOPRA & ASSOCIATES DENTAL SURGERIES

## CONFIDENTIAL MEDICAL HISTORY FORM

SURNAME		
FIRST NAME(S)		
TITLE	GENDER	DATE OF BIRTH
HOME ADDRESS		
POST CODE		
HOME TEL NO	MOBILE TEL NO	
EMAIL ADDRESS		
OCCUPATION		
DOCTORS NAME		
DOCTORS TEL NO		
DOCTORS ADDRESS		
POST CODE		

**NHS CHARGES AND PAYMENTS** If you pay NHS charges, instead of paying a proportion of the cost of your treatment, you will pay one of the Government fixed charges. Please ask at the Reception for up-to-date prices.

To all FEE paying patients:-

- All payments must be made on the day that the treatment has been started
- No other appointments will be made until payments are up-to-date
- Dentures, Crowns, Bridges and Veneers, mouthguards etc must be paid for on the first preparation visit
- We offer NO form of credit

To NON FEE paying patients:-

- If you are exempt from dental charges, you must provide the receptionist with an up-to-date exemption certificate, on your first visit, and each subsequent visit. Otherwise payment will be required, and you will have to claim back through the Social Security.
- If you think that you may get exemption, please ask for a HC1 form, payment will be required for treatment until you have your reply. You can then claim the monies back through the social security (you will be required to keep all receipts for this).

**IF YOU ARE UNSURE, PLEASE CHECK WITH THE RECEPTIONIST BEFORE ANY TREATMENT COMMENCES. OTHERWISE YOU WILL BE LIABLE FOR PAYMENT FOR ALL TREATMENT CARRIED OUT AT EACH VISIT**

**DO YOU HAVE TO PAY FOR YOUR DENTAL TREATMENT?**

<b>YES</b>	<b>NO</b> – Please give full details
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**PRIVATE CARE** – NHS Patients can opt to have part of their treatment privately. Private Treatment gives you more time with your dentist as well as personal service, greater choice of materials and higher quality of laboratory work for a better aesthetic result.

There is also a greater range of treatment options available as cosmetic treatment is excluded from the NHS. Because the charges are changing, some private treatment may even be cheaper. Please ask your dentist for more information.

**COMPLIANCE WITH OUR POLICIES** – Upon completing and signing this form, you are confirming that you have been given a practice information leaflet and that you are agreeing to comply with our Practice Policies, as set out in this leaflet. Failure to comply will result in you not being seen / treated at any of our practices. A full copy of our terms and conditions can be given upon written request to the practice manager.

**Completed by Self / Parent (if under 16) / Guardian**

Signature .....

Dated:

**Please note that if any of your details change please inform the surgery at your earliest convenience.**

**PLEASE TURN OVER AND COMPLETE YOUR MEDICAL DETAILS**

