

# West Calder Dental Care

PLEASE COMPLETE USING BLOCK CAPITALS

Dentist	Patient Reference	Title	Forename	Surname

Start Date	Category	Fee Amount	Discount Applied	Reg. Fee	D.O.B.	Sex
01/						M / F

Address	Postcode	Telephone Number

Account Name	Bank Name	Sort code	Account Number

Notes and Exclusions

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## *Additional Patients*

Dentist	Patient Reference	Title	Forename	Surname

Start Date	Category	Fee Amount	Discount Applied	Reg. Fee	D.O.B.	Sex
01/						M / F

Exclusions

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Start Date	Category	Fee Amount	Discount Applied	Reg Fee	D.O.B.	Sex
01/						M / F

Exclusions

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## **Demands and Needs Statement**

The Dental Injury & Emergency Insurance policy meets the demands and needs of those who want to ensure they have insurance cover for treatment costs arising from dental injury or emergency. This policy is a mandatory part of your dental plan, and no recommendation has been made in connection with this insurance policy.

## **Declaration**

I confirm that I have read the dental plan explanatory leaflet and the Insurance Policy Summary and have understood all treatment that I am covered for. I am also aware of any registration fee and the date of commencement of cover.

Name:

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Signed:

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Date:

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