



Ferndale Dental Clinic Ltd  
 Estcourt Street Devizes SN10 1LQ  
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 enquiries@ferndaledentalclinic.co.uk  
 www.ferndaledentalclinic.co.uk



## Patient registration and medical questionnaire

Thank you for choosing the Ferndale Dental Clinic for your dental care. We pride ourselves for being a caring and sympathetic team working in a calming, relaxing, yet efficient environment.

By completing the details below and the medical questionnaire we will arrange for your first consultation appointment at our practice.

For our information, where did you hear about the practice?  
 (Please circle below).

Gazette   Dentons   Internet   Existing patient

Other (please state) .....

### Your details

Title:..... Forename:.....

Surname:..... Date of birth:.....

Full postal address:.....

.....

Postcode:.....

Home tel:..... Work tel:.....

Email address:..... Mobile tel:.....

Our computer system is set up so that it can contact you with appointment reminders to your email address and mobile telephone number. It is important therefore to include these details.

Please give the full names and dates of birth of any children you would like to register:

Name:..... Date of birth:.....

Name:..... Date of birth:.....

Name:..... Date of birth:.....

Please indicate if you would prefer morning or afternoon appointments:

.....

Please indicate your preferred method of contact (e.g. mobile):

.....