



13 Euston Place, The Parade, Royal Leamington
Spa, CV32 4LJ,

Euston Place Dental Practice Patient Agreement

This agreement must be signed and dated by the patient in order to register for dental care either as a Plan Patient or as a Fee Per Item Patient at Euston Place Dental Practice.

1. Dentist/Patient Agreement – Effective Date / /2005

This contract is made between Euston Place Dental Practice of 13 Euston Place, Royal Leamington Spa, Warwickshire, CV32 4LJ ("The Practice") and "The Patient":

Title		Forename		Surname	
Address					
Postcode				Telephone Number	

Before signing you should read the terms and conditions provided with this form. By signing, the patient accepts that they can be taken to have read and understood the conditions before they signed

Patient Signature	
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Signed by or on behalf of the Practice	
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Registration Type (delete as applicable)	Premium Plan	Standard Plan	Fee per Item
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Registration Fee	£ . p	<small>Only applicable for fee per item patients</small>
Monthly Fee	£ . p	<small>Only applicable for plan patients</small>

Terms and Conditions

1. The patient will pay the Euston Place Dental Practice Membership Scheme as above:

1.1 a monthly fee ("the monthly fee") in respect of the Euston Place Dental Care Plan. (Collected by Direct Debit, at the beginning or end of every month.)

1.2 In consideration of the payment by the patient of the monthly fee the dentist agrees to provide the following dental services either by himself/herself or by a qualified member of his/her staff or in the event of emergency call outs and treatment given on such call outs by a qualified dentist not on his/her staff:

3. For Euston Place Standard Care Plan:

3.1 Two dental appointments per year to provide: full dental examination, soft tissue examination including screening for oral cancer, diet advice, x-rays where clinically necessary.

Partners: Dr. W. D. Slora BDS • Dr. A. D. Skilbeck BDS • Dr. P. S. Mulligan BDS MFGDP (UK) • Dr. R. Jivan BDS
Practice Manager: Mrs. H. Brooks



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3.2 Two hygienist visits per year included

3.3 Assessment of emergencies and dental pain with any temporary treatment required, carried out at the practice during normal surgery hours

3.4 Provide treatment planning including treatment estimates and consents for your future dental needs.

3.5 Production of study models and clinical photographs when required.

3.6 All subsequent remedial work within 12 months of recommended restorative work.

3.7. 20% discount on all other routine dental treatment, excluding implants, oral hygiene products and laboratory costs

4. For Euston Place Premium care Plan:

4.1 Provision of all items listed in sections 3.1-3.7

4.2 Treatment costs are included up to a maximum of £300 in any twelve-month period including further hygiene visits if indicated by the dentist or hygienist up to a maximum 4 hygiene visits per registration year

4.3 Treatments and costs not included are detailed in section 6.

5. For Euston Place Fee Per Item (registration only):

5.1 The patients agrees to attend for at least one examination per year

5.2 All treatment fees will be paid at the standard rate with no discount

5.3 Provision of treatment under paragraph 3.3 is included.

6. The following treatment is excluded and is not covered by the monthly charge of our care plans

6.1 Treatment in addition to or by any method alternative to that which is considered reasonable and appropriate by your dentist to maintain healthy teeth.

6.2 The replacement, repair, or provision of dental implants and related superstructures.

6.4 Pharmaceutical prescription costs.

6.5 Laboratory charges incurred in provision of dental work carried out under the scheme.

6.6 Costs related to dental treatment on referral to another dentist within and outside of the Practice

7.1 The dentist may increase the monthly fee on the 29th November in each subsequent year

7.2 The dentist may increase the charges on his/her fee per item at any time. Any course of discounted treatment (as referred to in paragraph 2 and 3) commenced before the increase will be charged at the original discounted price.

7.3 The patient may terminate this agreement by giving not less than twelve months notice to the dentist.

The dentist may terminate this agreement by giving to the patient not less than one months notice unless the patient has embarked on a course of treatment, which will take longer than one month in which case the agreement will terminate on the completion of treatment.

7.4 In the event of the monthly charge being unpaid one month after it has become due the dentist may terminate this agreement by giving notice to the patient to that effect. The patient will be liable for all remaining monies then outstanding and due to the dentist.

7.5 In the event that the patient leaves the practice within 12 months of receiving discounted treatment or within 12 months from the end of a course of discounted treatment, the patient will be liable to refund to the dentist the full cost of the discounted treatment and the remaining cost of the dental plan based on the number of months remaining in the registration period, or course of discounted treatment received

8. The monthly fee will be payable by Direct Debit to The Practice. The patient will pay the monthly fee until the contract is terminated.

9. Any disputes relating to treatment are strictly a matter between Dentist and Patient. The patient must contact the Practice in relation to any disputes in the first instance. The Practice shall offer the patient a second opinion on request.

10 The patient will: -

10.1 Attend the dental surgery when asked to do so for check-up or treatment purposes.

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10.2 Accept advice and recommendations from the dentist in respect of remedial work that safeguards the patient's general health. Any failure to comply with the terms of this condition may result in the patient being liable to pay for treatment that becomes necessary as a result of such failure

10.3 Inform the dentist of any injury, difficulty or other relevant matter affecting the patient's dental health generally. Any failure to comply with the terms of this condition may result in the patient being liable to pay for treatment that becomes necessary as a result of such failure.

10.4 The patient shall pay monies due for treatment carried out over and above that included in the dental plan at the time of the appointment and no later than two weeks after the monies become due

10.5 The patient must inform the practice of any cancellation of appointment by giving at least 24 hours notice. Failure to attend booked appointments or cancellation at short notice will result in a fee being charged to the patient which must be paid before booking further appointments.

11. The patient consents to the disclosure of all the patient's dental notes to the dentist.

11.2 This contract is exclusive to the parties, is not transferable, and does not cover the services of any other dentist.

11.3 The patient must disclose all details of their medical history to safeguard the patient and the practice