



THE DENTAL CENTRE

Emergency Appointment Consent Form for Non TDC Patients (Appointment to be carried out by a Dentist)

I understand that I am being seen as an Emergency Patient today as explained by the dental practice staff on the telephone/in the Practice.

The treatment I receive today will be solely to address the emergency situation - It is **NOT** a Full Mouth Clinical Examination.

The cost of the Emergency Appointment will be:

£99.00 - This fee covers a clinical examination of the area and also covers the clinician's time. The fee does **not** cover the cost of any treatment, this will be discussed with me verbally and written prior to any treatment taking place.

I **do/do not** have a regular registered dentist (please delete as necessary)

The contact details of my registered dentist are:

Address: _____
_____ TEL: _____

I understand that the clinician may write to my registered dentist, as a matter of courtesy, to explain the treatment I have had carried out here today as a result of my emergency situation.

I also understand that if I do not currently have a registered dentist whom I see on a regular basis - that I may register here at The Dental Centre however a full new patient examination will take place OR I am strongly advised to register with a dentist as soon as possible to permanently treat my emergency condition.

Patient Name _____ Signature: _____
(Please print):

Date: _____