



## Mill Dental Practice Dental Plan Consent Form

**Name:**

**Address:**

**Email:**

**D.O.B**

**Clinician:** Damian Fagan-Douglas

I wish to join Mill Dental Practice Dental Plan.

I understand that there will be a £8.00 registration fee collected with my first month's direct debit collection (*refunded if joined at time of last appointment*), and that, should I choose to leave the plan, I will give a minimum of 1 months notice.

**Please select you chosen Dental Plan**

Basic Plan	£9.99	
Routine Plan	£16.75	
Prevention Plan	£25.25	

Signed: .....

Date: .....