



1. I confirm I give consent for At Home Dental to visit the above address to provide dental services.
2. I understand that my participation in receiving treatment is voluntary and I am free to decline treatment at any point.
3. I will provide a full medical history to At Home Dental if requested and this will kept in their records.
4. I will provide access to my home (where appropriate) and understand that in order to set up the dental operating unit there may be a degree of disruption and furniture etc. may need to be moved in order to accommodate the equipment. At Home Dental will require access to running water and mains electricity. They will leave the area they operate in as they found it.
5. I agree to At Home Dental contacting my GP (or similar) for further information or to inform them if there are concerns over welfare.
6. I will ensure that any potential health and safety issues are highlighted before At Home Dental visit. This can include pets, trip hazards, access problems or any other issue that could cause a problem for the visiting dental team.
7. I agree to settle my invoice at the time of the visit or before if appropriate.
8. I agree to cooperate with At Home Dental in order to be able to deliver the most appropriate and efficient dental treatment to secure good oral health.

Name.....

Signature

Dated