

Dentist Registration Form

Thank you for your interest in the Implantium Network. To join the network please complete the details below. The details you provide on this form will be reviewed. By completing the form you consent to this review. Subject to approval you will then be added to the Implantium Network list of providers. (BLOCK CAPITALS PLEASE).

1. Your Details

Name		
Practice name and address		
Postcode		
Contact telephone number		
Email address		
Qualifications gained		Date

2. About Your Clinic

Is on-site parking available?	Yes		No	
If there is no on-site parking please state the nearest car park.				
Please state the nearest train station.				
How many miles away is the nearest train station?				
Do you have disabled access?	Yes		No	

3. Patient Referrals

Patient referred to you by the Implantium Network will be sent via e-mail. Please provide the contact details of the relevant contact person within your practice e.g: Practice Manager, Receptionist.

Contact name	
Email address	

4. GDC Certificate

GDC Number		
Copy of GDC Certificate	Please tick this box to confirm that a copy of your certificate is attached.	

5. Confirmation of Indemnity

Please attach a copy of your membership certificate from your defence union.

Indemnity provider name		
Address		
Postcode		
Policy number		
Copy of Membership Certificate	Please tick this box to confirm that a copy of your certificate is attached.	

6. Experience and Objectives

<p>Please give brief details of history of practice to date. (e.g: perio, oral surgery, restorative, implants.)</p>	
<p>History of implant training to date.</p>	
<p>Approximately how many implants have you placed to date?</p>	
<p>Which implant system do you currently use?</p>	
<p>How much do you currently charge for a single restored implant?</p>	
<p>Which laboratory do you currently use?</p>	
<p>Why do you want to join the Implantium Network?</p>	

7. Terms and Conditions

The Implantium Network Terms and Conditions are attached as a separate document.
If you have any queries regarding our terms and conditions please do not hesitate to contact us.

Please tick the boxes below to confirm:

I have read and fully understand the Implantium Network Terms and Conditions	<input type="checkbox"/>
A signed copy of the Terms and Conditions is attached / enclosed	<input type="checkbox"/>

Name:

Signed: **Date:**

Please return this form:

By Post (freepost envelope provided) to:

Implantium Network, Siren House, Hussey Road, Shrewsbury SY1 3TE

By Fax:

08450 176263

By Email:

dentist@implantiumnetwork.co.uk

For internal use only

Form Number:

Tel: 08450 745803 | info@implantiumnetwork.co.uk | www.implantiumnetwork.co.uk