



NEW PATIENT TREATMENT POLICY

Please be advised that it is our policy at Hove Dental that payment is required on the day of treatment. If there are any concerns of meeting this obligation please advise the receptionist before you are seen by the dentist.

Please sign and date this form acknowledging you understand this policy.

Thanking you in advance for your co-operation.

Patient Name:	
Patient Signature:	
Date:	