

Barnet Orthodontic Practice,
27 Wood Street
Barnet
Herts EN5 4BE

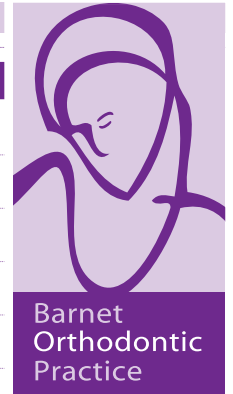
Dentist details

Date

From

Telephone

Email



Dear Colleague,

Could you please accept the under mentioned person for Orthodontic consultation and necessary treatment. I will continue to provide routine regular dental care at my practice.

Patient details

Name

Date of birth

Address

Email

Telephone

Relevant clinical details

Private under 18 Private 18+

Yours sincerely

Terms and conditions for patients under 18

1. For patients **under 18** years, the consultation is **free** of charge.
2. A **£20** booking fee is applicable which is **refundable** on attendance or deductible from any treatment undertaken.
3. The booking fee of **£20** is **non refundable** if the patient fails to attend.
4. If the appointment is cancelled in writing 24 hours before the appointment the **£20** booking fee is **refundable**.