



walshdental

Dr. Simon Walsh and associates

How did you hear about us? (please tick)

- Internet
- website
- Health Fund
- Norwood Football Club
- Passing By
- Flyer
- Friend/Family.....

508 Glynburn Road
Burnside SA 5066
t.f. 8331 0436

smile make-overs
cosmetic dentistry
dental implants
crowns and bridges
porcelain veneers
dentures and same
day repairs

Personal Information

Title.....
 Surname.....
 Christian Names.....
 DOB.....
 Address.....

Health Fund.....

Parent/Guardian Name.....
 Person Responsible for account.....
 Emergency Contact.....Phone.....
 Health Fund.....

We request and expect payment at the time of treatment. For your convenience we accept cash, cheque, eftpos and all major credit cards.

I understand that payment of the account is my responsibility, and that my Health Fund (if any) will not cover the full amount. I undertake to pay the expenses incurred or to be incurred in the collection of any overdue portion of this account.

Please provide 24 hours notice of a cancellation or a fee may be charged. Late cancellation or non-attendance of any afterhours appointment (any appointment scheduled after 5pm) will attract a cancellation fee of \$55.00 per ½ hour appointment.

Please list any health problems.....

Please list any medications.....

Please list any allergies.....

Is there anything that you would like the dental practitioner to know about your child's dental condition?

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Privacy Policy

Our Practice respects your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of your practice is to follow these procedures:

1. The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your treatment.
2. We may disclose your health information to other health care professionals, including specialists we may refer you to, or require it from them, in our judgement, that is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.
3. We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen, your personal identity will not be disclosed without your consent to do so.
4. Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of our records of your treatment at any time, or seek explanation from the dentist. Statutory fees will apply in relation to the types of access you seek. If you request an explanation of our records or a written summary, our usual service fees will apply.
5. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in your treatment, without your written consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

Otherwise, please sign this form as a confirmation that you have read and understood our privacy policy, and consent to the use of your health information in this way.

Signed:..... Date:.....

Thank you.