



PRIVATE PATIENT REGISTRATION FORM:

Primary Patient or Company Details:

Surname:		Forename:	
Company Name:	If taken out by or financed by a company...		
Address:			
		Postcode:	
Email:		Contact Number:	
Start Date:	I would like to begin registration on this date: / /		

I wish to confirm private patient registration as: (please select the package you would like)					
Individual:	Executive:	Couple:	Executive Couple:	Family:	Unlimited:
Registration for 1 named person Appointments: 10 x 30 Minutes	Registration for 1 named person Appointments: 12 x 30 Minutes 1 x Health Screen	Registration for 2 named people Appointments: 12 x 30 Minutes	Registration for 2 named people Appointments: 12 x 30 Minutes 2 x Health Screen	Registration for 4 named people Appointments: 15 x 30 Minutes 2 x Health Screen	Registration for 2 named people Appointments: Unlimited 2 x Health Screen
Price: £900	Price: £1450	Price: £1600	Price: £1800	Price: £2200	Price: £2500
<input type="checkbox"/> Please tick	<input type="checkbox"/> Please tick	<input type="checkbox"/> Please tick	<input type="checkbox"/> Please tick	<input type="checkbox"/> Please tick	<input type="checkbox"/> Please tick

Method of Payment:	<input type="checkbox"/> Visa / Mastercard	<input type="checkbox"/> Other Credit/Debit	<input type="checkbox"/> Cheque	<input type="checkbox"/> BACS	<input type="checkbox"/> Invoice
Standing Order:	I would like to pay over 12 months. First Payment Date: / /				
Cheque:	I enclosed a cheque made payable to 'Ghosh Medical Limited' for £				
BACS Bank Transfer:	Bank: HSBC – Sort Code: 40-29-08 – Account Number: 13967832				
For Card Payment:	Cardholder's Name:				
Card Number:				3 Digit Security Number:	
Expiry Date:		Issue No:		Valid From:	
Signature:				I hereby authorise Ghosh Medical Limited to debit my credit/debit card with the debit amount indicated in the package selected.	

PLEASE RETURN TO: Ghosh Medical Limited, 39 West Road, Noctorum, Prenton, Wirral, CH43 9UJ