

**PRIVATE PRACTICE REGISTRATION FORM:**

**Primary Patient and /or Company Details:**

<b>Surname:</b>		<b>Forename:</b>	
<b>Date of Birth:</b>		<b>Company No:</b>	
<b>Company Name:</b>	If taken out by or financed by a company...		
<b>Address:</b>			
<b>Postcode:</b>		<b>Mobile No:</b>	
<b>Email:</b>		<b>Contact Number:</b>	
<b>Start Date:</b>	I would like to begin registration on this date:                    /                    /		

**I wish to confirm private patient registration as: (please select the package you would like)**

<b>Individual:</b>	<b>Executive:</b>	<b>Couple:</b>	<b>Executive Couple:</b>	<b>Family:</b>	<b>Unlimited:</b>
Registration for 1 named person  Appointments: 9 x 30 Minutes	Registration for 1 named person  Appointments: 10 x 30 Minutes  1 x Health MOT	Registration for 2 named people  Appointments: 12 x 30 Minutes	Registration for 2 named people  Appointments: 14 x 30 Minutes  2 x Health MOT's	Registration for 4 named people  Appointments: 18 x 30 Minutes	Registration for 2 named people  Appointments: Unlimited  2 x Health MOT's
<b>Price: £900</b>	<b>Price: £1450</b>	<b>Price: £1600</b>	<b>Price: £1950</b>	<b>Price: £2500</b>	<b>Price: £3500</b>
<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

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

**PLEASE RETURN UPON COMPLETION TO ADDRESS ABOVE.**