



Welcome letter/Terms and conditions

I am delighted that you have made an appointment with me and I look forward to see you. I or my nurse Toni, will be pleased to answer any queries. Set out below is some important information about how the practice works.

Your dentist

I am the practice owner of GUNILLA ASSMUNDSON LTD DENTAL SURGERY and I am responsible for making sure that you are happy with the dental care which you receive.

Making appointments

We always try to arrange appointments at a time convenient to our patients. The earliest appointment is 8.30 am and the latest 5.30/5.45 pm. If you made an appointment which you subsequently find you can not keep, please give us as much notice as possible. This will make it possible for us to give the appointment to another patient who may need to see us at short notice. If you give less than 24 hours notice a charge of £100.00 per hour may be made, based on the length of the appointment time which you have made.

Payment methods

It is our policy to give patients full information about the cost of their dental care before any treatment is undertaken. For extensive work costing more than £1000.00, a written estimate/treatment plan will always be provided.

You will have to give consent to any treatment plan.

You may pay for your dental care by cheque, cash, debit card, credit card or BACS payment. We try to make payment as straight forward as possible for our patients. Our normal practice policy is that the patient pays after the first visit and then at the end of the treatment. If it is an extensive treatment period we ask for a proportion to the cost to be paid as we proceed with the care.

Emergencies

If you find that you have a dental emergency during normal surgery hours you should contact the practice and we will give you advice and make the necessary arrangements for you to be seen as quickly as possible. If the emergency occurs when the practice is closed, you can choose one of the following alternatives:

38 Devonshire Street London W1G 6QB 0207 9355354

Guy's Hospital Dental Emergency Clinic

London Bridge, phone: 020 7188 7188

(Please check the cost before advancing down this route)

Or you can always try to reach me on my mobile 07759 226962

I will of course do my best to provide you with a high standard of dental care and service. If you do feel that you have cause for complaint, then I would encourage you to raise it with myself (complaints officer) or my nurse Miss Toni Stewart, or in third place Miss Iwona Lisiak Practice Manager of 38 Devonshire Street London W1G 6QB. We have a **complaint procedure** which aims to resolve any problems to our patients' complete satisfaction.

Gunilla Assmundson GDC number 61431, Toni Stewart GDC number 142354

CQC Location ID 1-489157653

I hope you will be pleased with the dental care and service which we will provide for you. If you have any queries about the content of this letter, please do not hesitate to contact me.



To ensure that we comply with the new General Data Protection Regulation (GDPR) which came into effect on 25th May 2018 we will have to ask you for the consent of the following:

I confirm that I give **Gunilla Assmundson Ltd** consent to use my personal information in the following ways:

| | Yes | No |
|---|-----|----|
| Sending me recall appointment reminders by text message | | |
| Sending me recall appointment reminders by email | | |
| Sending me Practice Newsletters | | |
| Sending me details of my appointment times | | |
| Sending me information regarding planned treatments | | |
| Sending me information regarding costs of my treatment | | |
| I understand that I may withdraw my consent at any time and will bring this to the attention of Gunilla Assmundson | | |

| | Yes | No |
|--|-----|----|
| I confirm that I give my consent for Gunilla Assmundson to taking photographs of my mouth. If the photographs are being shared with anyone outside the practice I will be notified of this. | | |
| I understand that I may withdraw my consent at any time and should I wish to withdraw consent I confirm that I will bring this to the attention of Gunilla Assmundson . | | |

By reading and signing this letter you have given me consent for me to carry out agreed treatment (treatments costing more than £1000.00 you will always be issued with a written treatment plan) including taking any necessary photographs and x-rays.
Please see the website www.assmundson.com for any more information.

Sincerely yours

Mrs. Gunilla Assmundson

Patient full name

Signed /Date

GUNILLA ASSMUNDSON
TANDLÄKARE

