

Sohal Dental Practice
271 Soho Road
Birmingham, B219SA
Patient Registration Form



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|-------------------------------------|--|----------|--|--|--|
| First Name: | | | | | |
| Last Name: | | Surname: | | | |
| Date Of Birth: | | | | | |
| Address: | | | | | |
| Postcode: | | | | | |
| Mobile Number: | | | | | |
| Home Telephone Number: | | | | | |
| Email Address: | | | | | |
| GP Details: | | | | | |
| NHS Number: | | | | | |
| Name of Benefit (If you are on any) | | | | | |

Please send the completed form to Sohal.dental@nhs.net
 If you have any queries please call us on **0121 523 5895**.