

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



Title:					
First 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**.