

Patient Registration Form



HAPI Dental

(Previously known as Sohal Dental Practice)

271 Soho Road, Birmingham, B219SA

Title:		First Name:				
Middle 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 dentalpracticesohal@gmail.com

If you have any queries please call us on **0121 523 5895**.