



Welcome Pack





## Welcome

Whether you are a new or existing patient, we would like to thank you for choosing our practice. At Abington Dental Practice, we provide high-quality treatment in a friendly environment.

We are committed to continuing dental education and keeping abreast of the changes in modern dentistry. We encourage preventive techniques – helping you to understand how to maintain the health of your mouth and keep it free of tooth decay and gum disease.





## Terms and conditions

Here at Abington Dental Practice we will work together with you to secure and maintain your oral health. In order for our efforts to be successful we will really need you to be as committed as we will be in maintaining your oral health. As a patient, you will have expectations of us and the dental care that you receive from us, and likewise, we too will have expectations of you. Therefore, we would like to outline our commitment to you and the expectations that we will have of you, as our patient.

### **Your dental team will always strive to:**

- Provide the highest quality dental services which address your dental needs
- Listen to your requests or concerns and only recommend the treatment we feel necessary to secure and maintain your oral health
- Make your treatment as comfortable and convenient as possible
- Look after your general health and safety, while you are receiving dental care
- See you promptly and inform you if there is any possibility of delays.

### **As a client we expect you to:**

- Act on the advice you are given on how to maintain a healthy mouth, carry out recommended home care programmes and work towards achieving good standards of oral hygiene
- Attend your routine dental checks as advised by your dentist and give at least 24 hours' notice if unable to attend an appointment
- Settle any fees promptly as per practice protocol
- Inform your dental team of any change of personal details or medical status.

We try our hardest to keep our practice modern and contemporary to give you the best patient experience, and we now offer a text messaging service for appointment reminders.



## Our services

We provide private treatment, including cosmetic dentistry to improve your smile. For further information on our full range of services, please speak to a member of our team.

## Practice opening hours

Monday to Friday: 9.00 am – 5.45 pm  
Saturday (private only): 9.00 am – 12.00 pm  
Closed for lunch: 12.45 pm – 2.00 pm  
Other times by arrangement.

## Emergencies

In case of an emergency during practice hours, please contact the practice immediately. We will always endeavour to see a patient in pain on the same day. If you require emergency treatment outside surgery hours, please telephone the practice where you will hear a message detailing the specific arrangements for that day.

## Safety

We take all necessary precautions to safeguard you and our staff. We follow recommended guidelines with regard to sterilisation of instruments and the use of disposable items, e.g. gloves and needles. We now have a dedicated sterilisation and decontamination room to ensure highest possible standards for the safety of our patients and staff. We are happy to answer any questions you may have.

## Missed appointments

If you are not able to keep your appointment, please give us at least 24 hours' notice so that the appointment can be offered to another patient.

Cancellations made with less than 24 hours' notice will be subject to a cancellation fee.





## Referrals

We are always delighted when we receive referrals from our patients. This means a great deal to us, as it means you are happy with your dental care and are pleased to pass on this news to your family and friends.

This is how our practice has grown and will continue to do so with your help.

## Children's teeth

Your child's first visit to the dentist should be a pleasant experience, as a bad first impression may last a lifetime. Bringing the child when there is no emergency will make the visit an enjoyable experience. You should first take your child to visit the dentist as early as possible, then take them for regular six-monthly check-ups. This will help to keep their teeth healthy for life.

The causes of tooth decay in children are the same as in adults, but because children's teeth are smaller, decay can reach the nerve and cause pain very quickly.

Help your child to brush their teeth until they are able to do it well by themselves. Usually by around the age of seven. Remember to encourage your child, as praise often gets results.

## Complaints procedure

We aim to make your experience at the practice as pleasurable as possible. However, should you have any complaints, please address your views to Sandra or Mr H Patel on 01604 638815 and we will be able to deal with your complaint and talk you through our procedure. Alternatively, you can pick up a copy of the complaints procedure from reception.

## Patient confidentiality

We take patient confidentiality extremely seriously at Abington Dental Practice and all personal information is treated in the strictest confidence. Only members of staff have access to patient information and we have a strict confidentiality policy. To see a copy of this policy, please ask at reception.

*If you would like to make an appointment, please telephone or email the practice and we will be pleased to arrange a convenient time for you.*



## Meet the team

Our clinical staff comprises of the following dentists (*pictured from left to right*):

Mr H Patel BDS (1980)

Mr S Parmar BDS (2007)

Mr K Patel BDS (2008)

### **Our committed staff comprises of:**

Practice manager Sandra, administrator Sulbha and dental nurses Susan, Lisa, Venita, Amy and Hanna.

As a team, we keep well ahead in courses and infection control, with your safety being our uppermost priority.

We have all worked very hard to achieve the coveted BDA Good Practice Award and one of the first practices in Northamptonshire to get the prestigious Investors in People Award.

*Sandra*

*Sulbha*

*Susan*

*Lisa*

*Venita*

*Amy*



## Dental Care Plan

- Combined dental and hygiene appointments (two per year) to provide:
  - Clinical examination
  - Checking for signs of oral cancer
  - Routine x-rays where clinically necessary
  - Scale and polish
  - Periodontal advice
  - Preventive techniques to reduce decay and gum disease.
- Assessment of emergencies and dental pain with any temporary treatment required, carried out at the practice during normal surgery hours.
- All treatment planning for your future dental needs.
- Production of study models when required.
- 20% reduction off antibiotics dispensed at the practice.
- All subsequent remedial work within 12 months of recommended restorative work.
- 20% reduction off any laboratory-based treatments required, i.e. crowns, bridges and dentures.
- 20% reduction off any fillings.
- 20% reduction off most other dental work (extractions, etc.).
- 20% reduction off on any additional hygiene work.
- Worldwide Dental Trauma Insurance to protect against the cost of large unforeseen accidental damage.
- Emergency Callout Insurance, should you need a dentist in an emergency, anywhere in the world.
- Redundancy protection for your monthly plan payments for up to 12 months.

*Please note, discounts only apply to treatments carried out at the practice.*



## Worldwide Dental Trauma and Emergency Callout Insurance

**Emergency Callout** – cover can be provided by any dentist worldwide who agrees to treat you. You simply pay the emergency callout charge to the dentist concerned and collect a receipted invoice. This will then be processed through the practice for reimbursement from the insurers and you will be refunded the callout fee, minus the excess, up to the policy limits. This cover is to provide immediate pain relief only; no additional or restorative treatment fees can be claimed. You should return to the practice in normal hours for any further treatment required.

**Dental Trauma** – cover is provided should you be unfortunate enough to suffer a dental trauma, for example, as a result of a road traffic accident or an accident at home or at work. The insurers will settle the claim up to the policy limits and you will need to pay any relevant excess.

**Hospitalisation** – benefit is provided should you have to stay in hospital as a result of dental trauma.

**Permanent Facial Disfigurement** – benefit is provided should you be scarred on the neck or face as a result of the accident.

**Oral Cancer** – a payment will be paid upon diagnosis of oral cancer.

**Redundancy Protection** – plan premiums paid for up to one year.

*A leaflet giving details of the insurance cover, limits, excesses and exclusions is available at the practice.*

## Finance Facilities

Finance facilities are available at the practice. We will be pleased to discuss the details with you.

## How Do I Register?

Please call in at the practice where an Agreement will be completed. This will require your signature and bank account details for the Direct Debit instruction. Direct Debits are collected from your account on the 8th of every month. Benefit from cover will commence from the 1st of the month (Effective month on the dentist/patient Agreement).

If you have any queries, please ask a member of staff.



## Medical form

Please take a few moments to answer the following questions. This will allow the dental team to provide their care and advice based on your concerns and individual needs. Your answers are for our records only and will be treated as confidential.

Title: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Doctors name and address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continued overleaf*





Abington  
Dental Practice

Certain medical conditions can affect dental treatment and vice versa. Please complete this form by ticking the appropriate boxes and answering the questions.

All details will be strictly confidential.

**Do you have or have you ever suffered from:**

	Yes	No
Rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>
Any heart complaint, heart surgery or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Any infectious diseases (e.g. hepatitis, HIV, AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
Excessive bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you carry a medical warning card?	<input type="checkbox"/>	<input type="checkbox"/>

**Are you:**

	Yes	No
Allergic to any medicine, tablets, substances or latex?	<input type="checkbox"/>	<input type="checkbox"/>
Taking any medicine or tablets or receiving treatment from a doctor, hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

*If so, please give details.*

**Have you:**

Ever had a joint replacement operation?  Yes  No

**If you:**

Smoke, how many do you smoke on average a week? \_\_\_\_\_

Drink, how much is your weekly consumption? \_\_\_\_\_

If you are not sure of any of the questions, or if your medical circumstances change, please inform the dental surgeon.

Signature of patient / parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Dentist: \_\_\_\_\_



## Smile check

As part of our commitment to provide you with the best possible care and treatment, we would like to find out how you feel about your smile. Please take a few moments to answer the following questions.

**Are you:** **Yes** **No**

Happy with the colour of your teeth?

*If no, please give details:* \_\_\_\_\_

Happy with the shape of your teeth?

*If no, please give details:* \_\_\_\_\_

**Do you:** **Yes** **No**

Have gums that bleed regularly or appear red or swollen?

*If yes, please give details:* \_\_\_\_\_

Have crooked teeth that bother you?

*If yes, please give details:* \_\_\_\_\_

Have unsightly silver/black fillings that you would prefer to be tooth-coloured?

*If yes, please give details:* \_\_\_\_\_

Have any gaps between your teeth that you would like to change?

*If yes, please give details:* \_\_\_\_\_





**Do you:**

**Yes**

**No**

Wear removable dentures?

If so, would you like to discuss ways to replace this with a permanent solution?

*If yes, please give details:* \_\_\_\_\_

Suffer with bad breath from time to time?

*If yes, please give details:* \_\_\_\_\_

On a scale of 1-10 (10 is the highest) how happy are you with your smile?

*(Please circle your answer)*

1    2    3    4    5    6    7    8    9    10

*Please give details:* \_\_\_\_\_

\_\_\_\_\_

If you could alter your smile, what would you like to change?

*Please give details:* \_\_\_\_\_

\_\_\_\_\_

If you are unsure of any of the questions, please ask reception, who will be happy to help.

Signature of patient / parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_      Dentist: \_\_\_\_\_

## How to find us



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Fax: 01604 630 395  
[www.abingtodontal.co.uk](http://www.abingtodontal.co.uk)