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## Confidentiality Consent Form

We want to help you in all areas of your dental care, including making or changing appointments as easy as possible for you and your family. Please delete any specific areas that you would not be happy for us to share.

Do you consent for us to contact you by Phone/ Text/Email/Letter? Yes / No

Are you happy for us to leave messages for you (answerphone/family member)? Yes / No

Are you happy for a family member to make or change appointments for you? Yes / No

If yes, please give name(s):

Are you happy for us to discuss any aspects of your dental treatment with a family member or partner? Yes / No

If yes, please give name(s):

Name:

Signed:

Date: