



# Dental treatment form

## To be completed by the member

Title:  Mr  Mrs  Ms  Miss  Other

Full name:

Date of birth:

Address:

Vitality membership number:

Care number (if known):

Please supply the name and address of your previous dentist (i.e not current). This will help us to obtain any information about previous treatment/consultations if we need this to progress your care request.

Please note that we'll need an itemised bill/receipt to be submitted by the dental surgery which includes the following:

- Full name of member
- Address
- Date of birth
- Details of individual treatments carried out with relevant dates
- Cost of each individual treatment

**Patient's declaration and signature**

- I declare that to the best of my knowledge and belief, the information I have given in this form is true and complete.
- If I am claiming for dental treatment, I confirm that I have been informed of my rights under the Access to Medical Reports Act 1988 as detailed below.
- I accept that if VitalityHealth receives any information that would have changed its original decision to pay a benefit, I will immediately repay any money I have received.
- Information about our Privacy Notice can be found on our website, please visit [vitality.co.uk/privacy](http://vitality.co.uk/privacy). If you have any questions about the Privacy Notice, please write to: **Data Protection Officer, VitalityHealth, 4th Floor, 70 Gracechurch Street, London, EC3V 9DH.**

If the patient is under 16 years of age, his or her legal guardian should sign on their behalf.

Patient's signature:

Date:

**Access to medical information**

Before we can assess the patient's claim for dental treatment, we may need to get a medical report from a dental practitioner who has cared for the patient. The Access to Medical Reports Act 1988 gives certain legal rights. These are:

- We need the patient's agreement before we can apply for a medical report. The patient can refuse, but if they do, we will not be able to assess the claim and no repayments will be made.
- The patient can ask to see the report before it is sent to us, or for up to six months afterwards.
- If the patient tells their dental practitioner that they want to see the report, this may delay the assessment of the claim, and they can charge a reasonable fee to cover costs.
- If the patient thinks part of the report is misleading, they can ask to have it changed. If the dental practitioner will not agree to do this, the patient may attach a statement of their own.
- The patient will not be entitled to see any part of the report which:
  - the dental practitioner believes could seriously harm the patient's physical or mental health, or that of others;
  - indicates the dental practitioner's intentions in respect of the patient;
  - reveals information about another person, or the identity of someone who has given information about the patient (unless that person consents or is a health professional involved in caring for the patient).

We will write and confirm when we have requested the report. If the patient asked to see the report before their dental practitioner sends it to us, the patient will have 21 days from receipt of our letter to contact their dental practitioner. Once the patient has seen the report, their agreement is needed for it to be sent to us. If the patient doesn't arrange to see the report within 21 days, the dental practitioner will be free to send it to us.

**Patient's consent and signature**

- I have been informed of my rights under the Access to Medical Reports Act 1988 as explained above. In connection with this claim, I give consent to VitalityHealth to be provided with medical information by any dental practitioner who has treated me.
- Please tick if you **do** want to see the report before it is sent to us.
- I agree that a copy of this consent is as valid as the original.

If the patient is under 16 years of age, his or her legal guardian should sign on their behalf.

Patient's signature:

Date:

**To be completed by Dentist**

Date member registered at your practice:

D	D	M	M	Y	Y	Y	Y
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Dates of last two dental check-ups (not including today's appointment):

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Was any treatment recommended at the last check-up?

Yes  No

If **Yes** - what was recommended?

Of the recommended treatment, what has been completed so far? Please give dates:

Has any treatment not yet been completed? Please give details:

Today's appointment: 

D	D	M	M	Y	Y	Y	Y
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What treatment was carried out?

Is any further treatment required? If so, give details:

Name of dentist:

Address of dental practice and contact details:

I confirm I am the patient's dental practitioner:

I consent to giving a copy of this form to the patient:  Yes  No

I declare the information given on this form is true and complete:

Today's date:

Dentist signature :

Dentist stamp:

**Please check that you have filled in all sections and return the completed form to [dental@vitality.co.uk](mailto:dental@vitality.co.uk)**

If you choose to send this information to us by email, there are some security measures you should consider. To find out more about these measures, please visit [vitality.co.uk/data-protection](http://vitality.co.uk/data-protection).