

# WILTON DENTAL PRACTICE



Please note this is an estimate only and the treatment plan may change along the course of treatment. This may alter the cost of your treatment

Dentist: .....

Nurse: .....

Patient's Name: .....

Date: .....

TREATMENT PLAN	COST £

**Patient Declaration:**

The dentist has explained my treatment, options and cost to me. I understand that these quotes are for Private treatment and not NHS fees. I am happy to pay for my treatment as it is carried out ('Pay as You go') This is a treatment plan only and I will only have treatment done that I wish. I will however pay in full for treatment that I have had done.

Signed: ..... Date: .....