

LIST ALL INDIVIDUALS TO BE INCLUDED IN THIS PLAN

Title: Mr/Mrs/Other	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text" value="DD / MM / YYYY"/>	Student (18-21)	Y <input type="checkbox"/> N <input type="checkbox"/>	Dentist Initials	<input type="text"/>
Mobile Telephone	<input type="text"/>				

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Mobile Telephone	<input type="text"/>				

If you have more than four in your group please provide additional information on a separate sheet.

PAYER / CONTRACT HOLDER DETAILS

Title: Mr/Mrs/Other	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
Date of Birth	<input type="text" value="DD / MM / YYYY"/>	Tel	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

I understand that all student members MUST present a VALID CURRENT STUDENT CARD at EVERY dental visit to avail of the Flynn's Preventative Dental Care Plan benefits.

I accept that this plan is an agreement between the dental surgeons Dr. Hannah Flynn BChD (Leeds) MFGDP (UK) MSc Rest. Dent. and Dr. Seamus Flynn BDS NUI FDS RCS (Edin.) MSc Rest. Dent. and the Payer / Contract Holder:

Payer's Signature: _____ Date: DD / MM / YYYY

For and on Behalf of the Dentist: _____ Date: DD / MM / YYYY

We would like to communicate with our patients by email where possible, using the above email address.

If you do not wish for us to communicate with you by email, please tick this box ☐

PLEASE COMPLETE THIS FORM AND RETURN TO:

FLYNN'S DENTAL CARE, 7 CATHAIR DANANN, NORTH CIRCULAR ROAD, TRALEE, CO. KERRY

TERMS AND CONDITIONS OF MEMBERSHIP

1. Flynn's Dental Care will provide the following preventative and investigative care to the patient while the patient is a member of the plan at no cost to the patient other than the monthly plan charge: Please refer to details in the brochure.
2. The term 'same day emergency appointment' is applicable when a dentist is on the premises.
3. The plan will automatically renew each month unless terminated in accordance with the terms of this agreement. Flynn's Dental Care reserve the right to amend the terms and conditions by giving the patient 30 days notice in writing.
4. The patient may terminate this agreement by giving not less than 30 days notice in writing.
5. In the event of the monthly charge being unpaid one month after it has become due Flynn's Dental Care may terminate this agreement by giving notice to the patient to that effect, effective from the last day on which a monthly charge was paid. The patient will then be liable for all monies outstanding and due to Flynn's Dental Care at the date of termination and all incurred after that date and until such sums are paid in full, Flynn's Dental Care shall be under no obligation to provide any services to the patient under this plan.
6. In the event of default, the patient shall reimburse Flynn's Dental Care all costs and expenses, including bank charges, incurred by Flynn's Dental Care in the collection of any overdue amount.
7. Flynn's Dental Care may amend the monthly fee for the plan on the 1st July in any year and will give two months notice of such increase.
8. The patient agrees to pay Flynn's Dental Care, Flynn's Dental Care's fee per item charges and Flynn's Dental Care may increase the fee per item at any time.
9. In the event that the patient terminates this agreement within twelve months of receiving discounted treatment or within twelve months from the end of a course of discounted treatment, the patient will be liable to refund to Flynn's Dental Care the full amount of the discount offered by Flynn's Dental Care in relation to the treatment or course of treatment received.
10. The patient shall notify Flynn's Dental Care when any person covered by the plan attains the age of 18 or ceases to be a full-time student. Where any treatment has been provided at student or child rate at a time when the person treated was no longer a full-time student or was over 18 as the case may be, the patient shall pay to Flynn's Dental Care the full price which would have been chargeable for such treatment as if this plan had not been in place.
11. The patient will:
 - a. Attend Flynn's Dental Care's surgery when asked to do so for check-up or treatment purposes.
 - b. Accept advice and recommendations from Flynn's Dental Care in respect of remedial work which safeguards the patient's general dental health.
 - c. Inform Flynn's Dental Care of any injury, difficulty or other relevant matter affecting the patient's dental health generally.
12. The patient consents to the disclosure of all the patient's dental notes to Flynn's Dental Care.
13. This agreement is exclusive to the patient and is not transferable between patients and does not cover the services of any other dental practice or visiting dentist or specialist to Flynn's Dental Care. This agreement may be transferred between dentists within the same practice or upon the sale of the practice to a new owner by notice in writing from a partner of the practice to the patient.
14. Any dispute arising under this agreement will be submitted to arbitration under the Arbitration Acts 1950-2008, at the joint cost of both parties.
15. All notices given under the provisions of this agreement must be in writing and sent to the last known address of the patient or Flynn's Dental Care by post. The patient hereby agrees that unless the patient ticks the box provided for that purpose on the acceptance form, any notice by Flynn's Dental Care in relation to the plan may be given by email sent to the email address provided by the patient to Flynn's Dental Care or such new email address as the patient may notify to Flynn's Dental Care from time to time. The patient shall notify Flynn's Dental Care of any change of email address.
16. The construction, validity and performance of this agreement are governed by Irish law.