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| **PATIENT INFORMATION LEAFLET** | |
| Name of establishment or agency |  |
| Address and postcode |  |
| Telephone number |  |
| Email address |  |
| Fax number |  |
| Name of Registered Manager |  |
| Name of Registered Provider |  |

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| **Summary of the Statement of Purpose** |
| *Information to include:*   * *The kinds of treatment, facilities and all other services provided;* * *Opening hours;* * *Arrangements for urgent or out of hours care;* * *Dealing with patients who are violent or abusive to staff;* * *Dealing with complaints.* |

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| **STAFF DETAILS** | | |
| *Please provide the following details for all dentists and DCPs at the practice* | | |
| Name | Position | Relevant qualifications / experience |
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| **PATIENTS VIEWS** |
| *How do you seek patient’s views on the services / treatments you provide?* |

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| **DEVELOPMENT AND TRAINING** |
| *Arrangements for the appropriate development and training of employees.* |

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| **OTHER ADDRESSES** |
| *Provide the address and telephone number for each of the premises used for the purposes of carrying on a dental care practice by the registered provider.* |

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| **ARRANGEMENTS FOR ACCESS TO THE PRACTICE** |
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| **PATIENT RIGHTS AND RESPONSIBILITIES** |
| *Provide information on the rights and responsibilities of patients including keeping appointments.* |

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| **ACCESS TO PATIENT INFORMATION** |
| *Provide details of persons who have access to patient information and the patients’ right in relation to disclosure of such information.* |

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| **Date Patient Information Leaflet written** |  |
| **Author** |  |

**PATIENT INFORMATION LEAFLET REVIEWS**

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| Date Patient Information Leaflet reviewed |  |
| Reviewed by |  |
| Date HIW notified of changes |  |

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