



PROMETHEAN

DENTAL LABORATORY

NEW CLIENT APPLICATION FORM

Promethean Dental Laboratory Ltd

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www.prometheandental.co.uk

Company No. 14456878

FIRST NAME:	MIDDLE NAME:
SURNAME:	DATE:
GDC No.:	DIRECT CONTACT No.:
DIRECT EMAIL ADDRESS:	
SURGERY/PRACTICE NAME:	
SURGERY/PRACTICE ADDRESS:	
POSTCODE:	
SURGERY/PRACTICE CONTACT No. :	
SURGERY/PRACTICE EMAIL ADDRESS:	
SURGERY/PRACTICE WEBSITE ADDRESS:	
ACCOUNTS CONTACT NAME:	
ACCOUNTS CONTACT EMAIL:	
PERSONAL RESPONSIBLE FOR INVOICE PAYMENTS (PRESCRIBING DENTIST/COMPANY):	

By completing and signing this document, I understand and will comply with the T's & C's of Promethean Dental Laboratory. I confirm that the information provided above was correct at the time of completion and will notify Promethean Dental Laboratory Ltd of any changes. I the prescribing dentist confirm that the decision to prescribe restorations to Promethean Dental Laboratory Ltd was my own, and no pressure or contact was forced upon me. Contact was made to Promethean Dental Laboratory by myself, and I have willingly completed this document.

SIGNATURE:

DATE: / /



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