

At Home Dental
24 Bridgetown,
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STATEMENT OF ELIGIBILITY FOR DOMICILIARY VISITS

At Home Dental's NHS Domiciliary Service is available only to those people who:

1. Would find it impossible or exceedingly difficult to attend a dental surgery due to incapacity or infirmity **and**,
2. Reside within reasonable travelling distance of the surgery address **and**,
3. Accept that treatment is limited by the equipment and materials that the dentist can transport and the circumstances of the visited location

Patients are advised to attend a dental surgery if at all possible. Dart Vale Dental Surgery has easy-access ground floor surgeries.

DECLARATION OF ELIGIBILITY FOR DOMICILIARY VISITS

I have read and understood the above statement of eligibility and declare that I am eligible for domiciliary visits.

Please print the patient's name

Please sign..... Date

I am the patient / patient's Representative (Delete as appropriate)

Please briefly state why you have requested a visit e.g. toothache, lost denture.

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YOUR SAFETY OBLIGATIONS

If At Home Dental's personnel are to visit you, your premises will become their workplace. Please ensure that they are safe.

Please consider the following examples of potential danger:

- Insufficient lighting in rooms and corridors
- Animals
- Sharp objects such as needles, glass
- Tripping hazards e.g. slippery floors, loose rugs, clutter
- Tobacco smoke
- Presence of people intoxicated with drugs, including alcohol
- Presence of people with history of violence or abuse

If the premises are not safe, the At Home Dental's personnel will be unable to visit.

Please note that if the At Home Dental's personnel feel abused or threatened in any way, the visit will end and there will be no further visits.

DECLARATION

I am the person named overleaf.

I have read and understood the above statement entitled "Your Safety Obligations"

* Signature..... Date

I am the patient / patient' representative (delete as appropriate)

* Essential