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Booking Form for Dental Practices

<i>Name of Training Co-ordinator</i>	
<i>Contact Details (e-mail preferable)</i>	
<i>Name and Address of Practice:</i>	
<i>Telephone Number</i>	
<i>First choice of visit (Date & Times)</i>	
<i>Second choice of visit (Date & Times)</i>	
<i>Third choice of visit (Date & Times)</i>	
<i>No. of Attendees (Max. 12)</i>	
<i>Please provide an approximate number of each staff attending the centre-</i> <i>Dentists</i> <i>Dental Nurses</i> <i>Hygienists</i> <i>Practice Manager</i> <i>Receptionists</i>	
<i>Areas of Interest: e.g. collapsed patient.</i>	

On completion please return to –

Montagu Clinical Simulation Centre,
 Montagu Hospital, Mexborough,
 South Yorks, S64 OAZ.
 Tel: 01709 321140
 Fax: 01709 321152