

SCHEDULE 5

INFORMATION TO BE INCLUDED IN PATIENT INFORMATION LEAFLETS

3. The following additional information about the provision of general dental services at practice premises:—

- (a) the address of all the practice premises and, where general dental services are provided at a mobile surgery only, the address to which correspondence may be sent;
- (b) particulars of the days and hours when the dentist is or will be usually in attendance at the practice premises and, in the case of any mobile surgery, particulars of the places regularly visited by the dentist and the times of those visits;
- (c) the names of all dentists at the practice premises including partners, associates, assistants and any dentists under any contractual or legal arrangement or relationship with the contractor, and details for them as specified in paragraph 1 of this Schedule;
- (d) whether a dental hygienist or dental therapist is employed at the practice premises;
- (e) whether there is access to the dental surgery without the use of stairs;
- (f) whether the practice premises (including the dental surgery and toilets) are accessible to wheelchairs;
- (g) whether the contractor or any person referred to in sub-paragraph (c) provides only orthodontic treatment;
- (h) provided the contractor consents to their inclusion, details of any languages, other than English spoken by the contractor and by any dentist assisting the contractor with the provision of general dental services.