



Working in Partnership with



Patient Enquiry Form

This is an enquiry form to ask about a personal loan. This is not a formal application.

Once you have completed this form you will be contacted by a representative of The Practice Loan Company Plc to talk you through options.

NAME OF DENTIST & DENTIST PRACTICE OR MEDICAL PRACTICE OR HOSPITAL	
NAME	
PHONE NUMBER	
EMAIL ADDRESS	
HOW MUCH DO YOU WANT TO BORROW?	
HOW LONG DO YOU WANT TO BORROW THE MONEY OVER? (MINIMUM 6 MONTHS, MAXIMUM 5 YEARS)	

Please complete this form and email to enquiries@practiceloancompany.co.uk