

Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: 1-263640018
Certificate date: 16/06/2011
Provider ID: 1-153008288

Section 1

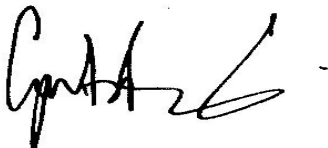
Service Provider details

Name of service provider: Mr. Peter Martin

Address of service provider: 20 Barrow Street
St Helen's
Merseyside
WA10 1RX

Date of Registration: 01/04/2011

Signed



Cynthia Bower
Chief Executive for the Care Quality Commission

You can email CQC at: enquiries@cqc.org.uk
You can contact CQC on telephone number: 03000 616161
You can write to CQC at: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Section 2

Mr. Peter Martin is registered in respect of

Regulated Activity: **Diagnostic and screening procedures**

For Regulated Activity **Diagnostic and screening procedures** the Nominated Individual (where applicable) is:

N/A

Conditions of registration that apply to:

Mr. Peter Martin for **Diagnostic and screening procedures**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Barrow Street Dental Practice 20 Barrow Street St Helen's Merseyside WA10 1RX
Location ID	1-188717461
Additional conditions that apply at this location	

Mr. Peter Martin is registered in respect of
Regulated Activity: **Surgical procedures**

For Regulated Activity **Surgical procedures** the Nominated Individual (where applicable) is:
N/A

Conditions of registration that apply to:
Mr. Peter Martin for **Surgical procedures**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Barrow Street Dental Practice 20 Barrow Street St Helen's Merseyside WA10 1RX
Location ID	1-188717461
Additional conditions that apply at this location	

Mr. Peter Martin is registered in respect of
Regulated Activity: **Treatment of disease, disorder or injury**

For Regulated Activity **Treatment of disease, disorder or injury** the Nominated Individual
(where applicable) is:
N/A

Conditions of registration that apply to:
Mr. Peter Martin for **Treatment of disease, disorder or injury**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Barrow Street Dental Practice 20 Barrow Street St Helen's Merseyside WA10 1RX
Location ID	1-188717461
Additional conditions that apply at this location	

End of certificate