Clinical Denture Centre

16-17 Park Street, Deal CT14 6AG
Telephone 01304 380400
Email: admin@clinicaldenturecentre.co.uk
Web: www.clinicaldenturecentre.co.uk

Dentist .....
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Patient Name ..... **DoB** .....
Address .....
.....

The above detailed patient requires denture work.

As you will be aware, as the patient is dentate we have an obligation to obtain a dentist's referral before we are able to carry out this work. I should therefore be very grateful if you would please examine and treatment plan this patient, carrying out whatever treatment may be required prior to the making of any denture(s); and then sign this form to indicate that you consider the patient to be dentally fit, and return it to the patient to hand to me when he/she visits my practice.

Peter Price DiP, CDT, RCS (England)
Clinical Dental Technician
GDC No. 146076

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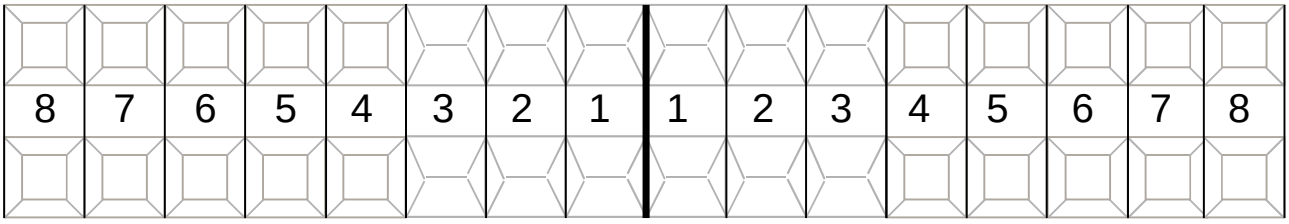
Date Signed

Notes/instructions from dentist:

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