



PATIENT PRESCRIPTION AND TREATMENT PLAN

Patient details:

I saw the above patient at my clinic onand have completed an Oral Health Check.

I am referring the patient back to you for carry out the following treatment:

My particular or specific instructions related to the above denture provision are noted here:

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Copies of his/her relevant records including a chart and radiographs where appropriate are attached.

Signature..... Date.....

Name..... Qualification(s).....

GDC Registration Number:

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