



Denture Clinic Referral Letter

Patient Name.....

Date of Birth.....

Address.....

.....

Postcode.....

(To be filled out by the referring dentist)

Referral Statement

I have recently seen the above patient at my practice and carried out a full dental examination. It is my professional opinion that they are dentally fit for the provision of a new set of dentures and / or any alterations to their current dentures. I am therefore referring this patient to Lee Clues Dip CDT RCS (eng), for him to carry out treatment.

Any further information or special instructions related to the provision of treatment

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By signing this as the referring dentist, I confirm I have read the referral letter fully, that the details given are accurate and I agree with the referral statement

Name and address of Practice.....

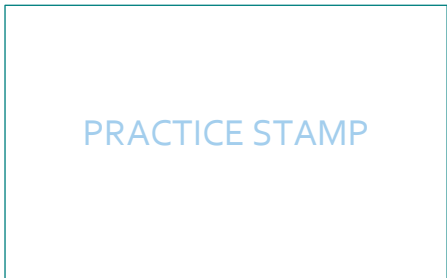
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Name.....

Signature.....

GDC number.....

Date.....



Lee Clues Dip CDT RCS eng
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