



Denture Cosmetics
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Dear

Re:

The above named patient attended my clinic requesting (a new partial/a new denture/new dentures) on

On preliminary examination, the patient is dentate and for me to see the patient, I need (him/her) to be seen by a dentist first.

I would be grateful if you would examine and treatment plan this patient, carrying out any treatment that is required prior to the making of any (denture/dentures).

I would then be grateful if you could refer the patient back to me with the enclosed prescription completed and a copy of any relevant records so that I can complete my treatment.

Thank you for your assistance.

Yours Sincerely

Peter Mott

Dip Clin Dent Tech RCS Eng 2011
GDC Number: 163101

PATIENT TREATMENT PLAN

Re:

Thank you for referring the above patient to me.

I saw.....

at my clinic on.....

and have completed / am undertaking his/her treatment

To complete his/her treatment he/she now requires a:
(Please tick as appropriate)

Upper Partial Denture

Lower Partial Denture

Complete Upper denture

Complete Lower Denture

Other (please specify)

Any particular or specific instruction related to the denture provision.

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I am referring the patient back to you for completion of his/her treatment. A copy of his/her relevant records including a chart and radiographs where appropriate is attached.

Signature

Date

Name

Qualification(s)